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COUNTY COUNCIL OF ESSEX
EDUCATION COMMITTEE



ANNUAL REPORT

OF THE

Principal School
Medical Officer

FOR THE YEAR

1954

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Hurst, R. O. C. (died 14-12-54)	Walker, Miss A. I.
Hutton, F. R.	Walsh, J. J.
*Leatherland, C. E.	Warr, Mrs. A. F.
Lowton, Mrs. B. K.	Young, Major A. M.
McEntee, The Lady	

**Ex-officio* members.

PREFACE

COUNTY HALL,
CHELMSFORD.

August, 1955.

To the Chairman and Members of the Education Committee.

Sir, Ladies and Gentlemen,

I have the honour to present the report of the Principal School Medical Officer for the year 1954. Much of its contents is a record of the work done under the regime of my predecessor, Dr. H. Kenneth Cowan, who, after occupying the post of Principal School Medical Officer for five and a half years, left at the end of October to take up the appointment of Chief Medical Officer to the Department of Health for Scotland. It bears the stamp of the energy and initiative which he brought to bear on all his work.

Two developments call for particular mention : the extension of the facilities for B.C.G. (*Bacillus-Calmette-Guerin*) vaccination to school children in their fourteenth year and the experiments which have taken place in the County with the object of facilitating the treatment of minor orthopædic deformities and postural defects.

The former, which was discussed in some detail by Dr. Cowan last year, made little progress during the year owing to difficulties in regard to the supply of equipment, but was well under way by the end of the year.

The experiments in regard to the provision of treatment for minor orthopædic and postural defects are of great value in that they provide the opportunity for close co-operation between the Committee's medical staff and the specialists and consultants provided by the Regional Hospital Board, save the time of those specialists and consultants and what is most important, provide for the early rectification of defects which might otherwise become permanent. Details of the experiment in the South Essex Division will be found on page 22, that in the North-East Essex Division on page 32 and short references to similar schemes in the South-East Essex and Forest Divisions appear on pages 43 and 52.

Attention is also drawn to the steps taken to deal with an outbreak of infective hepatitis affecting pupils attending schools in the Hornchurch district which will be found on page 45. Similar details in regard to a troublesome outbreak of scarlet fever and streptococcal tonsillitis in Walthamstow are given on page 69.

It is with regret that I have to record the death on 8th October, 1954, of the Principal School Dental Officer, Mr. S. K. Donaldson, L.D.S. Mr. Donaldson came to Essex from Nottinghamshire in 1932 when the first two dental officers were appointed as a result of the Committee's decision to establish a full-time dental service. He was promoted to his senior position in 1935.

During the short period I have held the post of Principal School Medical Officer I have had reason to be very grateful for the support which I have received from members of the Committee and for the continued loyalty of the whole of the staff of the School Health Service.

I have the honour to be,

Your obedient Servant,

Geo. G. Stewart

Principal School Medical Officer.

STAFF

The following changes in staff occurred during the year 1954 :—

COUNTY MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER :

H. KENNETH COWAN, M.D., D.P.H. (resigned 31-10-54).

GEORGE G. STEWART, M.R.C.S., L.R.C.P., D.P.H. (appointed 16-11-54).

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH AND DEPUTY SCHOOL MEDICAL OFFICER : GEORGE G. STEWART, M.R.C.S., L.R.C.P., D.P.H. (resigned 15-11-54).

PRINCIPAL SCHOOL DENTAL OFFICER : S. K. DONALDSON, L.D.S., R.F.P.S.
(died 8-10-54).

SCHOOL MEDICAL OFFICERS :

- | | |
|---------------------|--|
| <i>Mid-Essex—</i> | *J. Mervyn Thomas, M.D., B.Sc., D.P.H.
(Divisional School Medical Officer) (died 22-2-54).
*T. D. Blott, M.B., B.S., D.P.H. B.Sc., (commenced 1-3-54). |
| <i>South Essex—</i> | Linde E. Davidson, M.D., B.Ch., D.C.H. (resigned 13-11-54).
Ursula M. Anderson, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
(commenced 8-11-54). |
| <i>Forest—</i> | Gisela Eisner, M.D., D.C.H. (commenced 15-2-54). |
| <i>Romford—</i> | Gertrude A. Kolibabka, M.A., M.B., Ch.B., (resigned 4-7-54).
Freda M. E. Buchanan, B.A., M.B., B.Ch., B.A.O. (com-
menced 26-7-54). |
| <i>Dagenham—</i> | C. E. Herington, M.D., B.S., D.P.H.
(Divisional School Medical Officer) (retired 30-9-54).
Jessica Mestel, M.B., M.R.C.S. (commenced 4-10-54). |
| <i>Ilford—</i> | J. W. McConachie, M.R.C.S., L.R.C.P., D.P.H. (resigned
11-9-54).
R. N. Noordin, M.R.C.S., L.R.C.P. (commenced 11-10-54). |
| <i>Walthamstow—</i> | Pamela J. Houchin, M.R.C.S., L.R.C.P., D.C.H. (resigned
1-11-54). |

DENTAL OFFICERS :

- | | |
|--------------------------|--|
| <i>North-East Essex—</i> | *E. A. B. Gibson, L.D.S. (commenced 2-2-54).
*Alice M. D. Tomlinson, L.D.S. (commenced 24-5-54,
resigned 30-7-54).
G. W. Lawrence, L.D.S. (resigned 10-7-54). |
| <i>Mid-Essex—</i> | *J. N. Staniforth, L.D.S. (commenced 11-1-54, resigned
12-6-54). |

South-East Essex—*W. A. Mackey, L.D.S. (commenced 30-3-54).

*N. W. Bray, L.D.S. (resigned 25-3-54).

J. E. Ceretti, L.D.S. (resigned 7-4-54).

*R. D. Rowe, L.D.S. (commenced 9-6-54).

*V. H. Foy, L.D.S. (resigned 11-6-54).

*H. Levison, L.D.S. (commenced 24-8-54).

*A. A. Grant, B.D.S. (resigned 2-9-54).

South Essex—

*I. A. Jadwat, L.D.S. (commenced 15-10-54).

*J. M. Patel, L.D.S. (commenced 22-10-54).

Forest—

*M. F. Marshall, B.D.S. (commenced 9-6-54, resigned 10-12-54).

C. S. Neame, L.D.S. (commenced 1-9-54).

*G. M. O'Meara, B.D.S. (commenced 29-3-54, resigned 17-9-54).

*G. E. Scott, L.D.S. (commenced 17-6-54).

*A. M. Williams, L.D.S. (resigned 30-10-54).

Romford—

Marie L. Ell, L.D.S. (commenced 1-6-54).

Barking—

D. J. G. Robinson, L.D.S. (resigned 1-1-54).

*B. Pearl, L.D.S. (resigned 15-1-54).

R. B. Pitts, L.D.S. (commenced 29-3-54) (previously part-time from 15-2-54 to 28-3-54).

J. Buntin, L.D.S., R.F.P.S. (commenced 10-5-54).

*B. D. Markwell (commenced 28-1-54, resigned 27-5-54).

*B. Chilvers, B.D.S. (commenced 4-1-54, resigned 21-1-54).

Dagenham—

*W. G. K. Baird, L.D.S. (commenced 21-4-54, resigned 31-8-54).

*F. L. Brown, L.D.S. (commenced 14-7-54).

*B. D. Markwell, L.D.S. (commenced 15-12-54).

*C. W. Moore, L.D.S. (resigned 15-4-54).

Ilford—

*J. Tighe, B.D.S. (commenced 8-2-54, resigned 6-8-54).

*Ita N. Bravo, L.D.S. (commenced 17-2-54).

*L. P. Henry, L.D.S., R.F.P.S. (commenced 17-2-54).

*V. H. Foy, L.D.S. (commenced 6-7-54).

*J. F. McInerney, B.D.S. (commenced 26-8-54, resigned 16-12-54).

*J. L. Boylan, L.D.S. (commenced 6-9-54, resigned 10-12-54).

*T. Byrne, B.D.S. (commenced 7-10-54, resigned 16-12-54).

*M. F. Marshall, B.D.S. (commenced 13-12-54).

*F. Summers, L.D.S. (commenced 11-12-54).

*T. P. Taylor, Dentist (commenced 15-3-54).

Leyton—

- *Valerie A. Wolf, L.D.S. (commenced 25-8-54).
- *D. E. Robinson, L.D.S. (commenced 1-12-54).
- *D. G. Gould, L.D.S. (commenced 3-8-54).
- *T. A. Somers, B.D.S. (commenced 1-2-54, resigned 23-3-54).
- *S. T. Lowe, L.D.S. (commenced 3-2-54).
- *R. J. Pearce, B.D.S. (resigned 28-1-54).
- *G. M. Ritchie, L.D.S. (resigned 28-1-54).
- *J. L. Bearne, B.D.S. (commenced 1-2-54, resigned 30-7-54).

Walthamstow—

- *K. G. Boobyer, F.D.S. (commenced 1-4-54, resigned 29-4-54).
- *S. T. Lowe, L.D.S. (commenced 8-2-54, resigned 13-7-54).
- *A. E. Quaife, L.D.S. (commenced 18-2-54, resigned 13-3-54).
- *R. Wolf, L.D.S. (commenced 13-4-54) (full-time from 19-7-54).
- Ailsa H. Daniels, B.D.S. (resigned 12-2-54).

*Part-time officers.

SCHOOL NURSING STAFF AND DENTAL ATTENDANTS.

				Aggregate of time given to School Health Service work in terms of whole- time officers.
Health Visitor/School Nurses	..	173	}	96.84
School Nurses only	..	52		
Nursing Assistants	..	23	..	8.80
Dental Attendants	..	54	..	42.48

COUNTY COUNCIL OF ESSEX EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR 1954

During the year under review the work of the School Health Service has continued to progress and expand, and has at the same time maintained the high standards set in previous years. It has been a year of solid and satisfactory achievements as the following pages of this report will show. The general pattern of the work has followed the same lines as in recent years. An innovation of special importance has been the introduction of B.C.G. Vaccination. This was due to commence in the autumn term, but owing to delays in obtaining special instruments from the manufacturers, only two Divisions had made much progress by the end of the year. Further brief references to this subject will be found on page 19 and in Appendix I under the heading of the Forest Division. It is hoped to include fuller information on this new and important aspect of the work in next year's Annual Report.

The day-to-day administration of the School Health Service has continued to be carried out in the eleven Divisions by the Divisional School Medical Officers and in accordance with the practice introduced last year, all special reports, and matters of special interest arising in any particular Division are recorded in Appendix I of this report.

At the end of the year the number of schools in the area covered by the Essex Education Authority was as follows :—

Primary Schools.	Secondary Schools.	Technical Colleges.	Nursery Schools.	Special Residential Schools.	Special Day Schools.
660	174	4	3	3	16

1. School Population.

The steady increase in the school population of recent years has continued, and during the year under review it has for the first time exceeded a quarter of a million. This increase in the main results from the continuing influx of population into the County.

	<i>No. of Pupils on Roll</i>			<i>Possible Attendances</i>			<i>Actual Attendances</i>		
	1952	1953	1954	1952	1953	1954	1952	1953	1954
Primary Schools ..	156,038	164,732	170,587	4,567,092	4,928,356	5,267,029	3,710,589	4,356,669	4,643,841
Secondary Schools	75,439	77,305	81,402	2,204,236	2,308,649	2,543,632	1,901,195	2,114,965	2,277,908
Total	231,477	242,037	251,989	6,771,328	7,237,005	7,810,661	5,611,784	6,471,634	6,921,749

2. Medical Inspections.

The School Health Service and Handicapped Pupils Regulations, 1953, made under the Education Act, require Local Education Authorities to ensure that in regard to pupils attending schools maintained by the Authority a general medical inspection is carried out of every pupil on not less than three occasions at appropriate intervals during the period of his compulsory school age and other medical inspections of any pupil on such occasions as may be necessary or desirable.

In the Circular which accompanied the Regulations, it is suggested that two of the three routine medical examinations might be conducted during the first and last years of compulsory school attendance (i.e. at 5 and 14 years of age) and that the intermediate inspection might be carried out either during the last year in the Primary School or during the first year in the Secondary School. As a consequence the classification of periodic medical inspections has been revised and the ages at which these inspections are now carried out are as follows :—

- (i) Five years old
- (ii) Ten to twelve years old plus
- (iii) Fourteen years old
- (iv) Others

In addition to periodic medical inspections pupils are examined either as “specials”, specifically referred for examination by parents, head teachers, school nurses, etc., or as “re-inspections”, noted at previous inspections as requiring treatment or observation. Many of the “specials” and “re-inspections” are carried out at minor ailment clinics.

The number of medical inspections of all kinds carried out in 1954 are shown on page 78.

It is of interest to note that the total number of pupils inspected during the year as “specials” or “re-inspections” was practically the same as the total number of pupils who had periodic medical inspections.

3. Findings at Medical Inspections.

The following table shows for 1954 and the preceding four years the number of defects of various kinds per 1,000 inspections found at periodic inspections, to require treatment or to be kept under observation :—

Defect or Disease	Requiring Treatment		Requiring Observation		All Defects found	
	1949-53	1954	1949-53	1954	1949-53	1954
Skin	13.8	16.0 H	8.1	12.2 H	21.9	28.2 H
Eyes—						
(a) Vision	37.7	42.3 H	19.7	30.5 H	57.4	72.8 H
(b) Squint	6.7	6.4	4.1	5.3 H	10.8	11.7
(c) Other	4.6	3.5 L	3.8	4.1	8.4	7.6
Ears—						
(a) Hearing	2.9	3.3	4.9	7.5 H	7.8	10.9 H
(b) Otitis Media ..	2.9	2.2 L	5.3	5.3	8.2	7.4
(c) Other	4.1	3.1 L	2.9	3.9 H	7.0	7.0
Nose or Throat ..	31.8	19.9 L	55.2	52.2 L	87.0	72.1 L
Speech	3.8	3.9	4.9	6.4 H	8.7	10.3 H
Cervical Glands ..	2.3	2.1	20.0	18.1 L	22.3	20.1 L
Heart and Circulation ..	3.0	2.4	10.2	10.6	13.2	13.0
Lungs	6.5	4.9 L	17.5	18.6	24.0	23.5
Development—						
(a) Hernia	1.4	1.0	2.5	2.6	3.9	3.6
(b) Other	2.6	2.6	7.9	10.3 H	8.5	12.9 H
Orthopaedic—						
(a) Posture	11.0	10.4	8.6	9.4	19.6	19.8
(b) Flat Feet	22.8	16.3 L	12.3	13.4	35.1	29.6 L
(c) Other	18.9	15.7 L	19.4	23.3 H	38.3	39.0
Nervous System—						
(a) Epilepsy	0.4	0.3	0.9	1.4 H	1.3	1.7
(b) Other	1.3	1.1	3.2	3.5	4.5	4.6
Psychological—						
(a) Development ..	1.2	1.1	3.1	3.9 H	4.3	5.0
(b) Stability	2.1	2.2	6.6	9.0 H	8.7	11.3 H
Other	24.0	18.5 L	12.7	9.8 L	36.7	28.3 L

H indicates that the incidence was significantly higher in 1954 than in previous years and L that the incidence was significantly lower

4. Cleanliness.

Cleanliness surveys continue to be carried out regularly and as early as possible after the beginning of each school term by Health Visitors/School Nurses, and authorised nursing assistants. This work is now almost entirely concentrated on the children in the Primary Schools, and the Secondary Modern Schools. It is no longer normally the practice to carry out these surveys in the Grammar or High Schools, or in the Technical Schools.

The number of children found to be infested with vermin continues to show a satisfactory decrease, and the number of such children is very small when compared with the total number of children examined.

The following statistics show the volume of work resulting from the cleanliness surveys during 1953 and 1954 :—

	1953.	1954.
Total number of examinations ..	562,075	595,119
Number of children found to be infested ..	3,097	2,535
Percentage for whom cleansing notices were issued ..	1.7	1.7
Percentage for whom cleansing orders were issued ..	0.5	0.3

5. Treatment.

The arrangements outlined in previous reports for the provision of free medical treatment under Section 43 of the Education Act, 1944, have been continued.

(i) MINOR AILMENTS. A list of the Minor Ailment Clinics is given in Appendix II. As was mentioned in last year's report, there continues to be a steady decrease in the attendances at these clinics due mainly to the provision of free treatment now available from family doctors under the National Health Service. Nevertheless as previously stated minor ailment clinics continue to be much used for special examinations and the opportunity is taken of carrying out useful health education work with parents and others.

(ii) SKIN DEFECTS. For skin conditions of a simple nature, treatment continues to be provided at the Minor Ailment Clinics. The more serious skin conditions are dealt with by the Hospital and Specialist Services in consultation with the family doctor. The following table shows the number of children with defects treated, or under treatment during 1954, giving comparative figures for the year 1953 :—

Division	Ringworm Scalp		Ringworm Body		Scabies		Impetigo		Other Skin Diseases	
	1953	1954	1953	1954	1953	1954	1953	1954	1953	1954
North-East Essex ..	—	—	—	—	15	9	32	47	190	154
Mid-Essex	—	—	—	—	—	—	6	5	26	31
South-East Essex ..	—	—	1	—	3	—	29	26	290	290
South Essex	1	—	2	1	6	—	34	34	1,404	1,591
Forest	—	2	—	23	1	—	9	8	154	74
Romford	—	—	—	—	—	2	3	8	436	402
Barking	2	2	7	9	12	11	77	88	1,691	1,764
Dagenham	2	5	6	3	1	1	53	56	856	718
Ilford	—	—	1	—	1	—	16	16	316	285
Leyton	1	—	—	—	1	2	10	21	140	112
Walthamstow ..	1	1	6	—	3	2	25	17	107	101
	7	10	23	36	43	27	294	326	5,610	5,522

(iii) **VISUAL DEFECTS.** In the ordinary way, when a school child is found to be suffering from defective vision, the parent is offered an appointment for the child to see one of the Regional Hospital Board's Ophthalmic Specialists usually at a clinic, where if necessary a prescription for glasses is provided. Usually a representative of a firm of dispensing opticians is in attendance at the clinic, and parents may, if they wish, arrange with the optician for the prescription to be made up. It is made clear, however, that the parent is under no obligation to use this facility, and is fully at liberty to take the prescription elsewhere. Alternatively parents may take their children to their own doctors, who furnish the appropriate certificate for the child to be seen either by an Ophthalmic Surgeon or by a sight testing optician.

Information regarding the number of visual defects dealt with in the respective Divisions is given below :—

Division.			Errors of Refraction (including Squint).	External and other eye diseases.
North-East Essex	..	..	815	188
Mid-Essex	..	..	1,170	171
South-East Essex	..	..	2,256	279
South Essex	..	..	2,845	163
Forest	..	..	461	68
Romford	..	..	920	106
Barking	..	..	1,351	448
Dagenham	..	..	803	758
Ilford	..	..	1,853	128
Leyton	..	..	599	177
Walthamstow	..	..	1,781	285

The following statistics show that the improvement in the supply of spectacles has been maintained :—

	1953.	1954.
Number of spectacles prescribed ..	10,629	11,276
Number of spectacles obtained ..	9,423	9,950

(iv) **ORTHOPTICS (EXERCISES FOR SQUINT).** The Local Education Authority's previously existing orthoptic clinics, together with the orthoptists staffing them have now been transferred to the North East Metropolitan Regional Hospital Board. This arrangement has made no difference to the smooth running of the work, and close liaison continues to exist between the orthoptists and the ophthalmic specialists.

The following are statistics of the work carried out at the orthoptic clinics :—

			No. of cases investigated.		No. of cases treated.
Barking	..	..	38	..	232
Buckhurst Hill	..	..	404	..	87
Chingford	..	..	
Epping	..	..	
Grays	..	..	204	..	1,634
Hornchurch	..	..	
Ilford	..	..	121	..	196
Leyton	..	..	448	..	410
South-East Essex (Southend-on-Sea)			117	..	312
Walthamstow	..	..	70	..	265

(v) ENLARGED TONSILS AND ADENOIDS. As mentioned in last year's report, children suffering from enlarged tonsils and adenoids are kept under regular supervision. Operations for the removal of tonsils and adenoids are performed only on the advice of Ear, Nose and Throat surgeons. The following details relate to the number of children who have received operative treatment in each Division :—

Division.			No. of children who received operative treatment for adenoids and chronic tonsillitis.		
			1953		1954
North-East Essex	..	..	483	..	709
Mid-Essex	..	..	20	..	51
South-East Essex	..	..	47	..	244
South Essex	..	..	428	..	446
Forest	..	..	78	..	303
Romford	..	..	131	..	383
Barking	..	..	205	..	334
Dagenham	..	..	116	..	180
Ilford	..	..	966	..	861
Leyton	..	..	109	..	202
Walthamstow	..	..	94	..	178
			<hr/> 2,677	..	<hr/> 3,891

(vi) DENTAL DEFECTS. Statistics for the School Dental Service are printed in Table V of the Medical Inspection and Treatment Returns in Appendix III and reports on the work of the Oral Hygienists based on Barking, Leyton and Walthamstow are included in the reports of the Divisional School Medical Officers concerned.

The school population for which the Committee has a statutory obligation to provide a comprehensive dental service is over a quarter of a million. During the year under review less than 77,000 children were subject to a routine dental inspection. In addition nearly 30,000 children were presented as emergency cases. This unsatisfactory state of affairs is due in the main to lack of dental officers and is fairly general throughout the country.

Compared with the year 1953, the increased number of sessions devoted to treatment is reflected in the greater volume of work completed.

The Committee pursues a policy of employing part-time and sessional dental officers and a big proportion of the staff comes in this category. They give about one-tenth of their time to maternity and child welfare work.

(vii) ORTHOPAEDIC CONDITIONS. School children found at medical inspections to be suffering from orthopaedic conditions continue to be referred to orthopaedic specialists on the staff of the Regional Hospital Board. Where practicable the children are seen at Hospitals but otherwise at special sessions at clinics. During the year the following variations in the clinic arrangements have been made :—

Sessions transferred.

Physiotherapy .. From Essex County Health Services Clinic, Harwich, to the Harwich and District Hospital.

From Essex County Health Services Clinic, Waltham Abbey to the Waltham Abbey War Memorial Hospital.

From Essex County Health Services Clinic, Pitsea, to the Essex County Health Services Clinic, Vange.

From Manor School, Barking, to Barking Hospital.

Orthopaedic Ascertainment From Essex County Health Services Clinic, Halstead, to the Halstead Hospital.

From Essex County Health Services Clinic, Marks Road, Romford, to the Victoria Hospital, Romford, for a trial period of twelve months.

Orthopaedic Ascertainment and Physiotherapy sessions From Essex County Health Services Clinic, Brentwood, to the High Wood Hospital, Brentwood

New sessions commenced.

Physiotherapy .. Heathway Special School, Dagenham—two sessions per week.

Health Centre, Gooshays Drive, Harold Hill—four sessions per week.

Essex County Health Services Clinic, South-end Road, Rainham—one session per fortnight.

Essex County Health Services Clinic, Upminster Road, Rainham—one session per fortnight.

Orthopaedic Ascertainment Health Centre, Gooshays Drive, Harold Hill—one session per month.

The number of school children receiving treatment for orthopædic and postural defects during 1954 are as follows :—

Number treated as in-patients in hospital	328
Number treated otherwise, e.g. in clinics or out-patient departments ..	4,920
Number treated with Ultra Violet Light	4,386

(viii) CHIROPODY. So far as the time of the limited number of chiropodists employed by the Local Health Authority permits school children attend for treatment at any of the clinics where chiropody is done. The following table sets out the number of children under the age of 15 years who attended these clinics for the first time, together with the total number of attendances and the comparative figures for 1953 :—

Division.	Clinic.	New cases treated.		No. of attendances.	
		1953.	1954.	1953.	1954.
South-East Essex	Florence Road, Laindon	12	1	52	5
South Essex	Council Yard, Brentwood Westland Ave., Hornchurch	36	34	237	134
Forest	Wanstead Hospital	6	3	21	6
Barking	East Street Porters Avenue Woodward Road	193	262	1,007	925
Dagenham	Ford Road Ashton Gardens	99	114	424	517
Leyton	High Road Baths Dawlish Road	154	171	929	1,343
Walthamstow	Town Hall	466	487	2,127	2,385

With a view to ascertaining the extent of the chiropodist's role in the prevention of foot defects among school children, the Education Committee has agreed as an experiment in the first place, subject to the approval of the Ministry of Health, to appoint a part-time chiropodist to work in schools in the South Essex Division. If such a scheme can in due course be extended throughout the School Health Service in the long run the demand for chiropody in adults should be considerably reduced.

(ix) **SPEECH THERAPY.** Several of the speech therapists in the Divisions have now had opportunities of using the two speech recording machines referred to in last year's report. It is evident from all accounts that the recorders are proving to be most useful.

6. Audiometry.

Throughout the year the Audiometrician has continued to test the hearing of children in the schools by means of the gramophone audiometer. Surveys in the Forest and Ilford Divisions were completed during the year. The usefulness of these surveys lies in the discovery of children suffering from varying degrees of deafness who were not previously known to have such a defect, and who as a result may not be receiving full benefit from the educational system.

The result of the two surveys are summarised below :—

	Forest.	Ilford.
Total number of children tested	16,817	12,211
Number of children referred for further treatment	314	163
Number of the same children whose hearing is known to have improved	45	24
Number of the same children who were not previously known to have defective hearing	256	143
Number of children provided with hearing aids as a direct result of these surveys ..	5	4

Children with defective hearing are referred for treatment or for the correction of their hearing defect by hearing aids to the aural specialists employed by the Regional Hospital Boards.

7. Infectious Diseases.

(i) **ACUTE POLIOMYELITIS (INFANTILE PARALYSIS).** During the year there were 90 confirmed cases of poliomyelitis (paralytic and non-paralytic) in the Administrative County. Out of this total 63 were children of school age, 24 being notified as of the paralytic type and 39 as non-paralytic.

(ii) **DIPHTHERIA.** The arrangements whereby primary immunisations and reinforcing injections against diphtheria are carried out at special immunisation sessions at the Council's clinics, and also by General Practitioners in their own surgeries or in the patients' homes, have been continued.

During 1954, 2,542 school children completed a full course of immunisation against diphtheria compared with 2,388 in 1953.

The number of reinforcing injections also increased in 1954 reaching 16,446 compared with 16,045 in 1953.

The number of school children who have at any time received a course of immunisation against diphtheria is given in the following table, which also shows how many of them have not been re-immunised during the last five years :—

Year of last course of injections (Primary or booster).	Age at 31st December, 1954.		
	5-9.	10-14.	Total 5-15.
1950-1954	80,670 ..	31,157 ..	111,827
1949 or earlier	41,460 ..	60,370 ..	101,830
Any time	122,130 ..	91,527 ..	213,657

The percentage of school children immunised was 82 per cent. compared with 81 per cent. in 1953, but when immunisations in the last five years only are considered the percentage was 43 per cent. the same as in 1953.

One school child was notified as a case of diphtheria during the year; this child had completed a full course of immunisation.

(iii) INFECTIVE HEPATITIS. From January to July, 1954, an epidemic of infective hepatitis occurred in a Junior and Infants' School in the South Essex Division. There were 42 children affected in the Junior School and 41 in the Infants' School. In addition, 12 other children suffered from this disease at the same time in seven other schools in the Division. Two teachers and one School Meals Assistant were also affected.

A report of the outbreak will be found in Appendix I in the report of the Divisional School Medical Officer for the South Essex Division.

(iv) SCARLET FEVER AND STREPTOCOCCAL TONSILLITIS AT AN INFANTS' SCHOOL. During the autumn term a series of cases of scarlet fever arose at an infants' school in the Borough of Walthamstow.

The Divisional School Medical Officer for Walthamstow reports on the outbreak in Appendix I.

(v) NOTIFICATIONS OF TUBERCULOSIS. The following table shows the number of cases of tuberculosis notified during the year among children and adolescents, the figures being divided into five-year age groups with comparative figures for the year 1953 :—

	Age Groups					
	5-9		10-14		15-19	
	1953.	1954.	1953.	1954.	1953.	1954.
Pulmonary—						
Males	29	20	20	15	52	52
Females .. .	21	21	13	20	63	71
Non-Pulmonary—						
Males	20	14	15	11	3	4
Females .. .	18	16	10	10	6	9

The Mass Radiography Units provided by the Regional Hospital Boards continue to carry out regular surveys throughout the County. Every encouragement is given to school leavers to participate in the facilities offered by these units, and the Education Committee have agreed to be responsible for the payment of travelling expenses involved.

In addition as was mentioned in last year's report teaching and non-teaching staffs are also encouraged to participate for the purpose of annual x-ray examination and such information as is available which has been supplied by the Chief Education Officer indicates that the following x-ray examinations were undertaken during 1954 :—

Division.	Number of teachers who have made use of the facilities provided by Mass Radiography Units.	Number of non-teaching staffs who have made use of the facilities provided by Mass Radiography Units.
North-East Essex	135	59
Mid-Essex	*	*
South-East Essex	40	27
South Essex	391	159
Forest	190	67
Barking	*	*
Dagenham	112	28
Ilford	215	21
Leyton	197	63
Romford	*	*
Walthamstow	—	—

*No records available.

Whenever a case of pulmonary tuberculosis is discovered in a school the fullest investigations are immediately carried out in accordance with the recommendations laid down in Ministry of Education Circular 248. It is always the policy to obtain the co-operation and advice of the local Chest Physician in connection with such investigations.

(vi) B.C.G. VACCINATION OF SCHOOL CHILDREN. As a result of Ministry of Health Circular 22/53 of 5th November, 1953, giving approval to an extension of B.C.G. Vaccination to include school children, the Committee agreed to facilities being provided by the Health Committee for school children in their fourteenth year who on testing are not found to be Mantoux positive.

The arrangements provide for the selection of three medical officers in each of the eleven Health Areas to carry out vaccination after attending for instruction on technique at the Hospital for Sick Children, Great Ormond Street, London. The arrangements also included circular letters being sent to all General Practitioners and Chest Physicians enlisting their co-operation in the scheme, and the preparation of a suitable letter of explanation to parents incorporating with it the necessary consent form. In order to ensure the maximum co-operation of parents and teachers, arrangements were also made for short informal talks to be given to head teachers and their staffs and to parents in order to explain the purpose of B.C.G. Vaccination.

The response has been very satisfactory and the scheme is steadily gaining momentum. It was hoped that sufficient information on the results of this work would be available for this report. Unfortunately, however, as previously mentioned, delays were experienced in obtaining the necessary equipment and

in consequence, most of the Health Areas did not start until the beginning of the autumn term. It is anticipated, however, that a considerable amount of information will be available for inclusion in next year's report.

8. Cerebral Palsy Unit.

Representations having been received in regard to the establishment in Essex of a Cerebral Palsy Unit for Spastic Children, the Committee has agreed to premises previously used as a Day Nursery in Ilford, being utilised for this purpose. The building which is of the single storey type is in every way suitable, being centrally situated and requiring only the minimum of adaptation to provide accommodation for approximately 30 children.

Owing to the specialised nature of the treatment to be provided, the arrangements will be allowed to develop gradually, so that the work may be organised in the light of experience gained. As a first step the present spastic class of about ten children at the Ilford Benton Open Air School will be transferred to the new premises, and in the initial stages the unit will continue to be regarded as an annexe of the Benton Open Air School.

It is anticipated that the Unit will be opened during 1955.

9. Recuperative Holiday Homes.

The arrangements with the Invalid Children's Aid Association for the placement of children in Convalescent Homes have been continued.

As in previous years arrangements were made for diabetic children to be admitted to special holiday camps administered by the Diabetic Association. In addition, the British Epilepsy Association provided a holiday camp for epileptic children. During the year 18 diabetic and 3 epileptic children participated in these arrangements.

10. Nursery Schools.

Reports concerning the Nursery Schools in the Walthamstow and Mid-Essex Divisions will be found in Appendix I in the reports of the Divisional School Medical Officers concerned.

11. Physical Education in Schools.

The following report by the Senior Organisers of Physical Education has been provided by the Chief Education Officer :—

“ During the year, Mr. H. Lamonby, organiser of physical education in the Mid-Essex and North-East Essex Divisions, retired after seventeen years' service in the County. His place was taken by Mr. R. E. Hayes, who previously was assistant organiser under the Gloucestershire Education Committee.

The Ministry of Education's syllabus for primary schools—“ Planning the Programme ”—has been in use for well over a year, and its influence on the physical education is now noticeable. Many demonstrations, lectures, etc., have been arranged to help teachers with its interpretation, but there is still a tremendous amount of work in this field to be covered.

So far as secondary school work is concerned another day course was held for women teachers at Ilford County High School. Teachers from all over the County took part in Dance sessions conducted by lecturers from Dartford College of Physical Education.

The heads of infant schools attending a residential course at St. Osyth's College, Clacton, were given a demonstration of infant physical education by the senior woman organiser—Miss B. M. Rains.

County Meetings for athletics, games, swimming, dancing and boxing, etc., have had more support than ever, and congratulations are due to the many Essex children who successfully competed in inter-county athletics, games, swimming, boxing, etc., and to the teachers who trained them.

A change was made in the certificates for swimming and diving awarded by the Education Committee, in that the tests for diving were made separate from those for swimming, and three new diving certificates instituted. These county awards, quite rightly, set a very high standard, and any boy or girl gaining advanced certificates must be an outstanding performer. The certificates were drawn up by the organisers in close co-operation with the Essex County Schools Swimming Association.

It is gratifying to note that in the only case to reach the High Court where a child claimed damages for negligence in a physical education lesson, judgement was given in favour of the Authority.

New experimental gymnasia are now 'on the drawing board'. These will contain facilities for indoor cricket, athletics and trampoline gymnastics. The jumping pit and trampoline pit are placed under the floor, and by an ingenious use of corridor space a bowler's run-up to the cricket nets can be provided. These plans were made possible by the whole-hearted co-operation of the County Architect's Department with the senior organisers. Similar work has also been done in the case of the instructional swimming baths which it is hoped to provide. The ideas incorporated in these new buildings have aroused great interest in other Authorities."

12. The School Meals Service.

Early in 1954, the Ministry of Education issued a circular dealing with the prevention of food poisoning in school canteens. As a result, Divisional School Medical Officers were requested to maintain close liaison with head teachers and school meals organisers, with a view to ensuring that the suggestions contained in the circular were brought to the notice of the staff concerned. Special emphasis was laid on the desirability of complete co-operation between medical, teaching and canteen staffs, the periodic examination of canteen staffs, and the prompt notification of outbreaks of food poisoning to the Medical Officer of Health of the County District concerned in order to ensure immediate investigation and the taking of appropriate precautionary measures.

The Chief Education Officer has furnished the following report on the work of the School Meals Service :—

"Although 9,000 more children took dinners at school during the year 1954 than in 1953, the proportion showed little change.

With the end of rationing and the greater availability of foods, there has been scope for greater variety in the menus. The charge for the meal is still 9d., although the actual cost of food has increased slightly, and the

number of children bringing sandwiches has decreased in most areas. The lifting at the end of the year of the Ministry's ban on major and minor building projects will enable more and improved kitchen and dining facilities to be provided, and thereby remove some of the sub-standard arrangements of the war and immediate post-war periods.

<i>Month in which a day was selected for return</i>	<i>No. of Pupils present</i>	<i>No. having Dinner</i>	<i>Per cent. of Pupils present having Dinner</i>	<i>No. having Milk</i>	<i>Per cent. of Pupils present having Milk</i>
October, 1947 ..	169,556	106,372	62.1	153,671	90.7
October, 1948 ..	179,631	115,621	64.3	160,750	89.5
October, 1949 ..	188,321	120,861	64.2	164,862	87.5
October, 1950 ..	193,706	109,097	56.3	165,713	85.5
October, 1951 ..	201,129	112,690	56.0	170,658	84.9
February, 1952 ..	195,424	109,139	55.8	162,118	83.0
June, 1952	205,073	110,766	54.0	175,245	85.4
October, 1952 ..	213,111	119,068	55.9	178,604	83.8
June, 1953	219,913	98,539	44.8	*	*
October, 1953 ..	225,740	108,781	48.2	192,562	85.3
June, 1954	227,944	103,952	45.6	*	*
October, 1954 ..	236,884	113,959	48.1	200,830	84.8

*These particulars were not required by the Ministry.

In regard to school milk, from 1st October, 1954, local education authorities became responsible for making their own contracts for supplies instead of the Ministry of Food."

13. An Orthopaedic Experiment.

This experiment which was launched in October, 1953, originated at a meeting between Dr. W. T. G. Boul, the Divisional School Medical Officer for South Essex, and Mr. Harry Pearce, F.R.C.S., Consultant Orthopaedic Surgeon to the South-East Essex Hospital Management Committee. Its object was to provide the necessary treatment for postural defects and minor orthopaedic deformities of the legs and feet which were being discovered among many of the school children at South Ockendon. The number of school children concerned at the commencement of the experiment was approximately 3,000, and it was confined to the following schools :—

Mardyke Infants and Mardyke Junior
Ockendon Courts Secondary Modern
Ockendon Dilkes Infants and Ockendon Dilkes Junior

The arrangements made provided for the attendance of a Physiotherapist from the Tilbury and Riverside General Hospital at the County Health Services Clinic at Annalee Road on the South Ockendon Estate once a week.

A special feature of the scheme is that the School Medical Officers, Health Visitors and School Nurses in the area covered by the experiment refer any suspicious cases of postural defects or other deformity to the Medical Officer in charge of the experiment. If the child is considered to require treatment, it is referred in the first instance to the Physiotherapist who if the defect is of a severe nature refers it to the Orthopædic Surgeon at the hospital orthopædic clinic in the usual way after the approval of the private doctor has been obtained. The case history of every child is reviewed by the Orthopædic Surgeon before the child is discharged.

Any child from the area already undergoing physiotherapy treatment at hospital and who is considered suitable by the Orthopædic Surgeon is transferred to the Health Services Clinic for treatment in order to avoid unnecessary travelling, and such children are classified as "special conditions". Pre-school children are also referred to the Clinic and are included in the classes if necessary. Sessions are held once a week from 10.0 a.m. to 12 mid-day, each class having a different set time.

The Orthopædic Surgeon who is taking part in the experiment has drawn up lists of suitable exercises for each class of defect to be treated, and exercises are carried out at the Clinic under the supervision of the Physiotherapist. In addition, each child takes home a copy of the chart of exercises in order that the exercises may be continued at home.

GROUPS OF CHILDREN TREATED. The classes under observation are :—

- Group A .. Foot Class—all foot conditions
- „ B .. Knee Class—all knee conditions
- „ C .. Posture and Back Class

Children in Group C also have tests of visual acuity and the suitability of their school desks is investigated

- Group D .. Sunlight Class
- „ E .. Breathing Class
- „ F .. Special Conditions

During the first five months of the experiment, 177 children were seen and treated, making 505 attendances. Of these—

- 88 children suffered from foot conditions
- 25 „ „ „ knee conditions
- 20 „ „ „ postural deformities
- 44 „ „ „ chest diseases

The latter required breathing exercises and ultra violet light. Only three cases were referred for a Consultant's opinion, two of whom received hospital treatment, the third being returned to the Clinic for further exercises. Of the 177 children treated, 12 required attention for more than one condition.

Owing to the considerable success of the experiment, and having regard to the adjacent schools which were not originally included in the scheme, it was decided to enlarge the catchment area served by the Clinic, as soon as the initial large influx of cases had been suitably reduced. Accordingly, therefore, it was arranged that in future the Clinic in South Ockendon should undertake the treatment of all children requiring exercises from Purfleet, Aveley and the village of South Ockendon.

RECORDS. Each child has a special record card and a note is also made on the subsidiary School Medical Record Card 10 b.M. A register is kept of all attendances and it is found that attendances drop sharply during school holidays. A suitable letter was addressed to all parents before the survey at the schools took place, in order to ensure their co-operation. A special appointment card for use by the Physiotherapist was also provided.

CONCLUSION. There is no doubt that this orthopædic experiment which started at South Ockendon has proved to be a great success. Until its commencement no facilities were available near at hand for the treatment of minor orthopædic defects. Now, however, many children are receiving treatment near to their homes for defects which might well, in the absence of this treatment, have become permanent.

The success of the experiment has been due to the cordial co-operation between the Hospital Management Committee's staff and the Essex County Health Services staff working side by side, and shows what can be achieved by mutual understanding and goodwill between these two services.

In view of its success it has now been decided to make the scheme a permanent arrangement, and plans are already being made to develop similar schemes not only in other parts of the South Essex Division but also in other Divisions.

14. The Child Guidance Service.

As briefly referred to in last year's report, and in accordance with the development plan, negotiations were started during the year for the acquisition of premises in the South Essex Division for the establishment of a fifth Child Guidance Clinic. This project was long overdue, having been held up owing to the non-availability of suitable premises. As a result of the closure of a Day Nursery in Grays, suitable accommodation became available and arrangements for its acquisition were almost complete by the end of the year. It is hoped that the Clinic will be functioning before the end of 1955, and more details will be included in next year's report.

The adaptation of the premises at Winsley's House, Colchester, was completed during the year and the North-East Essex Child Guidance Clinic was duly transferred to that address.

Difficulties were experienced at some of the clinics owing to the frequent changes of psychiatrists. This appeared to arise partly from the fact that many of these doctors were holding their appointments in the capacity of *locum tenentes* only. The unsatisfactory consequences of such an arrangement were brought

to the notice of the North East Metropolitan Regional Hospital Board and an assurance was obtained that everything possible would be done to avoid such frequent changes of staff in the future.

The following are extracts from reports received in connection with the four existing Child Guidance Clinics and further statistical information will be found on page 28:—

North-East Essex Child Guidance Clinic.

Report of Consultant Psychiatrist:—

“The long deferred move of the Child Guidance Clinic took place in June and was practically completed, as far as equipment is concerned, in November, 1954.

We now have sufficient rooms to accommodate the several members of the team. And since the move, there has been a thirty per cent. increase in new referrals, in cases taken on for treatment, in training facilities—and finally, in the field of prevention.

Owing to the humane educational policy that embraces the needs of the handicapped child, there are many more children placed than formerly, but the responsibility of reviewing and reporting on the progress of these children and preparing the parents for their return home, together with the need to check up on or to visit the schools recommended, consumes much of my time.

My major problem has been how to allocate my time between these four official functions of the clinic—diagnosis initial advice to the parents and reporting back to the doctor on new cases referred; training of staff and others; the treatment of disturbed children and parents—and in addition, supervision as noted above.

There is a fifth, or unofficial function, that of Mental Hygiene or Preventive Psychiatry, which has to be mostly carried out in my spare time. (I have mentioned this subject of prevention in earlier reports.)

PREVENTION. It has long been clear to me that since only a minority of cases can—owing to the severe time limitation—be seen at the clinic, that we should try to find ways and means of forestalling family breakdowns and of preventing delinquency and maladjustment in children. Thus we could serve a far wider public than the selected few who come up to the Child Guidance Clinic.

And it is in pursuit of this preventive purpose that I have found myself responsible over the years for a variety of discussion groups, informal case conferences, a research group for teachers, a Social Forum for representatives of various aspects of social work (its aim being to think out some of the answers to our common social problems), and lastly, a Social Workers Group which aims to bring together for lectures, films, etc., all the full-time social workers in this area. The School Medical Officers and the Educational Psychologist through their visits, provide a constant link between the schools and the clinic's activities.

The fruit of this slowly built up personal liaison work has been a widening demand for advice and consultation on outside parents and children and adolescents and in larger problems—such as how to improve morale in schools—advice on new techniques in treatment—not only from School Medical Officers, doctors, clergy and teachers, but also from Probation Officers and other case workers, the heads of schools and hostels.

Dr. Duncan has given facilities to visit Severalls Hospital and for members of his staff to take part in our case conferences. As the Consultant Psychiatrist for this area and the founder of the Child Guidance Clinic, he has generously given us his advice whenever difficult problems have arisen—and we have appreciated this help.”

Mid-Essex Child Guidance Clinic.

Report of Consultant Psychiatrist :—

“ The work during 1954 at the Mid-Essex Clinic has again been handicapped to some extent by changes of staff and absences due to illness. A Psychiatric Social Worker was appointed in October, and has done three sessions a week. However, we are not fully up to establishment for Psychiatric Social Workers.

The waiting list at the end of 1954 was 97 as against 90 in the previous year, so that in spite of shortness of staff there has been no substantial increase. Referrals were 274 as against 262 in 1953. This is largely explained by the increasing number of Court cases, referred to in the analysis as special examinations. These were 30 against 19 in 1953. These are likely to be increased during 1955 as there is a greater tendency on the part of magistrates to request psychiatric examinations.

Of the cases seen for diagnostic purposes by the Psychiatrists, approximately one case in three is taken on for psycho-therapy. It is essential that this sort of ratio should be kept up to enable us to keep abreast of the work, and of course means that only those most needing it are treated. Other cases were dealt with by family counselling and adjustment to environment including placement in boarding schools in some cases for maladjusted pupils otherwise in ordinary residential schools.

It will be seen that 18 cases were taken on for remedial teaching by the Educational Psychologists, and 344 treatment interviews were given.

A state of affairs in which the Clinic is fully abreast of its work, and and with no waiting list, is possible should we have an uninterrupted period with a full staff.

The Clinic has been much assisted by the co-operation of the adult clinics in the area and of the E.E.G. Department at Runwell Hospital.”

Ilford Child Guidance Clinic.

Report of Consultant Psychiatrist :—

“ This year has again seen many changes of staff.

We now have two highly trained Lay Psycho-Therapists to undertake most of the treatment of children in the Clinic. Our waiting list has again increased, partly because of a larger number of referrals, especially in the last quarter and partly because of the smaller number of cases diagnosed, though more treatment has been carried out. I would like to stress here how important it is to make certain that the mother is really willing to co-operate before the case is referred. Since the majority of cases diagnosed will need weekly treatment it is necessary to strike a balance between the number seen for diagnosis and the number we are capable of absorbing into treatment, since long delay between the initial interview and the beginning of treatment has a deleterious effect, so this again may at times influence the number to whom we give diagnostic interviews.

We are still very short of room, but hope to have the Annexe adapted so as to provide a large room for groups. The monthly conferences with the Barking Health Visitors, the Medical Officer of Health and the School Medical Officer of the child whose case we discuss have continued throughout the year and has again proved of great value to all of us."

West Essex Child Guidance Clinic, Walthamstow.

Report of Consultant Psychiatrist :—

"The waiting list shows a very slight increase on the previous year, although there had been a very considerable increase in the number of children referred from the Outer Area.

It is interesting to note that there has been an increase in the number diagnosed as suffering from nervous disorders, such as fears, depressions, apathy and excitability. As these are the children whose symptoms are less conspicuous for their nuisance value, it is encouraging to find that more of them are being recognised and referred.

In general the Clinic's activities have continued very much on the pattern of last year."

West Avenue Child Guidance Clinic (This clinic is for pre-school children and functions in conjunction with the West Essex Clinic).

Report of Consultant Psychiatrist :—

"I am glad to report that there has been an increase in the number of children referred for treatment at this clinic. Fourteen cases were referred during 1954 as against ten in 1953.

It is hoped that full advantage will be taken during the coming year in making use of the facilities offered at this clinic for preventive mental health work.

Of the cases referred, seven were closed after a satisfactory result was achieved, six are still under treatment and three children have lapsed in their attendance.

Analysis of problems seen :—

Behaviour disturbance	..	..	8
Habit disorder	..	..	6."

CHILD GUIDANCE SERVICE STATISTICAL SUMMARY

	North-East Essex Colchester Clinic	Mid-Essex Chelmsford Clinic	Ilford Clinic	Walthamstow West Essex Clinic	Total
No. of cases referred to Clinic ..	144	274	204	271	893
No. of cases diagnosed at Clinic ..	96	185	122	167	570
(a) <i>Psychiatrist</i> —					
Diagnostic interviews ..	96	185	122	167	570
Cases taken on for treatment ..	26	66	113	76	281
Treatment interviews ..	453	835	688	835	2,811
Other interviews ..	433	32	50	8	523
No. of Psychiatric sessions per week ..	6	7.21	9	8.50	30.71
(b) <i>Psychologist</i> —					
Clinic cases tested ..	95	149	109	176	499
Cases given remedial education	14	18	11	29	72
Treatment interviews (remedial education) ..	112	344	178	423	1,057
School visits (on behalf of Clinic cases) ..	56	39	95	89	279
Other interviews at Clinic ..	94	14	25	58	191
(c) <i>School Psychological Service</i> —					
Individual cases seen ..	338	689	241	727	1,995
No. referred to Clinic ..	16	63	35	65	179
(d) <i>Child Psychotherapist (Non-Medical)</i> —					
Cases treated ..	* —	32	47	35	114
Treatment interviews ..	* —	350	672	679	1,701
(e) <i>Psychiatric Social Workers</i> —					
Interviews at Clinic ..	342	1,034	1,012	1,569	2,957
Interviews elsewhere ..	427	496	23	95	1,041
(f) <i>Waiting List</i> —					
Cases for diagnosis ..	13	90	49	91	243
Awaiting Treatment ..	29	20	44	—	93
	31-12-53	31-12-53	31-12-53	31-12-53	31-12-53
	31-12-54	31-12-54	31-12-54	31-12-54	31-12-54
	101	36	101	243	281
	9	43	9	93	64

* Post vacant throughout the year.

15. The School Psychological Service.

The Psychologist to the Education Committee, Miss E. M. Bartlett, Ph.D., B.A., has provided the following information :—

“ The staff of the School Psychological Service has remained unchanged during the year, except for the fact that Miss Reed, the Psychologist working in the Ilford and Dagenham Schools, left in July. Her post was not filled until after the end of the year, and the school work in those areas had to be curtailed for the second half of the period. The seven Psychologists working in the Administrative County and the Psychologist to the Education Committee together gave individual tests and diagnostic interviews to some 2,500 children. This was about 1 per cent. of the total school population. It is gratifying to be able to report that an increasing use of the School Psychological Service is being made by the Heads of Grammar and Technical Schools both for children who do not appear to be making adequate use of their abilities and for advice on difficulties of adjustment, particularly during the later stages of adolescence. This work is in the main carried out by the Psychologist to the Education Committee, although all the psychologists participate in the Committee's procedure for reviewing the allocation of pupils to selective secondary schools two years after the original award. Another interesting development of the psychologists' work has been the assistance given in determining the correct placement of children of secondary school age migrating to the county from other areas.

An extension has been possible during the year to the scheme begun two years ago in Leyton of giving remedial teaching to junior children of good intelligence who for various reasons have failed to learn to read. The work has now been extended to Colchester, Canvey Island and the Forest Division. Work of this kind pays good dividends, both in the children's rapid progress in reading (gains of three years in reading age in twelve months are not uncommon) and in their improvement in personal happiness and stability.

In addition to the work with children of average intelligence, the psychologists have continued to assist teachers with the selection of children of poor intelligence for remedial groups and classes within the normal school. The co-operation of the medical staff of the School Health Service has continued to be very helpful and there is an increasing interchange of information about individual children between the psychologists and the School Medical Officers. Co-operation with other professional colleagues concerned with the general welfare of children has also increased during the year and requests for help have been received from private doctors, psychiatrists working in the National Health Service, youth employment officers, directors of factories and officers concerned with adoption and emigration schemes for children.

The psychologists have continued to give courses of lectures to teachers on the psychological aspects of their work and have also given numerous talks to parent teachers' associations' meetings, young wives' clubs, women's institutes and other bodies.

Two interesting extensions of this work during the year have been a series of lectures on the normal development of children and common deviations from this, given to a group of health visitors to supplement their visits to the child guidance clinics for help in detecting early signs of emotional and behaviour difficulties, and a series of lectures given at a three-weeks' residential course organised by the Home Office for the staffs of children's homes.

The Psychologists were again asked during the year by the training centres for educational psychologists, to take student psychologists for a month's practical work in the service.

In addition to this work in the school psychological service, the psychologists have continued to devote half of their time to work in connection with the Committee's child guidance clinics, assessing the abilities and attainments of children referred to the clinics, giving remedial education at the request of the psychiatrist and paying follow-up visits to the schools to keep the staff informed about the children's progress and needs and reporting back to the clinic staff on the children's behaviour in school while under treatment.

Calls on the psychologists' time are very heavy and it is rarely possible to do more than visit those schools where the staff have specifically asked for help. The growth of the new towns and of housing estates brings ever-increasing demands for help, but with the recent proposal to establish a child guidance clinic in the South Essex Division, it is hoped to extend the service to areas of the county which to date have been poorly served."

16. Special Educational Treatment.

The arrangements for the placement of handicapped pupils in day and residential schools are dealt with in the Chief Education Officer's Department.

Further information in regard to the work in connection with handicapped pupils admitted to the day and residential special schools provided by the Education Committee will be found in Appendix I in the reports of the various Divisional School Medical Officers concerned, and further statistical information relating to handicapped pupils will be found set out in the table on page 31.

SUMMARY OF HANDICAPPED PUPILS

Category	Newly placed in special schools or homes	Newly ascertained or requiring education at special schools or boarding in homes	Number attending special schools		Number boarded in homes	Attending assisted schools	Number remaining unplaced
			Day pupils	Boarding pupils			
Blind ..	9	8	—	51	—	—	5
Partially sighted ..	10	13	23	30	—	—	14
Deaf ..	7	5	54	66	1	8	4
Partially deaf ..	12	14	39	30	—	5	7
Delicate ..	289	317	231	179	11	7	50
Physically handicapped ..	46	86	175	44	—	12	73
Educationally sub-normal	200	267	513	264	—	24	382
Maladjusted ..	81	81	2	68	27	110	31
Epileptic ..	5	4	5	24	—	—	—
Speech defect ..	—	—	—	—	—	—	2
	660	795	1,042	756	39	166	568

APPENDIX I.

Extracts from Reports of Divisional School Medical Officers.

NORTH-EAST ESSEX DIVISION.

Dr. J. D. Kershaw writes :—

For the first time for many years we have had in the Service simultaneously our full establishment of school medical officers, school nurses, speech therapists and psychiatric social workers, so that we have been less susceptible to the consequences of failure of one part of the service to keep pace with the others. It is only in dental work that the record is seriously unsatisfactory.

The number of routine medical inspections is almost identical with that for 1953; this is, of course, to be expected if the requirements of the inspection of three age-groups are being properly met. Special examinations, however, have increased by 60 per cent. and re-examinations by 50 per cent., gratifying figures which indicate that the routine inspections are being supplemented by the special inspections which are necessary if the inspection system is to do its job properly. Defects found at routine inspections show an all-round decrease on 1953, but this is to be expected since the 1953 figures were inflated by the fact that in that year some arrears of work from under-staffed years were being worked off. It must also be remembered that the more thoroughly inspections, routine and special, cover the ground and enable parents to receive advice when their children's defects are in the earliest stages, the fewer of those defects will later develop to a point at which treatment is necessary. An increase in special examinations and re-examinations coupled with a fall in the number of defects requiring treatment is as good an indication as can be found that the School Health Service is doing its proper work of prevention rather than cure.

I would particularly call attention to the fall in the incidence of various orthopædic defects, since I think that this comes directly from an experiment in co-operation which was tried during the year. The School Medical Officers met the Orthopædic Surgeon and the Director of Physical Medicine to the Colchester Hospital Group in free discussion of the aims of the School Health Service and the treatment services, the organisers of physical education in the schools being brought into the discussions at a later stage. All parties had something to learn from and something to teach to the others and the conferences ended with a better appreciation all round of the relative significance of various departures from the normal as well as of the relative values of various preventive and curative measures.

Treatment figures contain some points of interest. For the most part they are comparable with those for 1953. The ophthalmic clinic figures, with 30 per cent. fewer prescriptions of new spectacles among a similar number of children, indicate that the clinic is catching up with its supervisory and advisory work after a period during which it was treating many children who had waited too long for re-examination. The physiotherapy clinics (dealing mainly with remedial exercises) have augmented their staff and have been able to give more thorough

treatment to the children referred. Uncleanliness figures show a 30 per cent. fall in the number of pupils found unclean, in spite of an appreciable increase in the number of examinations. I hope this means that we have at last eliminated "casual" infestation and have brought under some measure of control the stubborn "reservoir" families.

SCHOOL DENTAL SERVICE. As I have indicated above, the figures for dental inspection and treatment are thoroughly depressing. In 1953 the death of Colonel Blyth reduced our inadequate dental force by one-fifth. We have failed to find anyone to replace him and have suffered a further loss by the resignation of Mr. Lawrence. Since the middle of the year we have been trying to provide a dental service for nearly 25,000 children with two whole-time dentists and part-time dental help equivalent to about one whole-time officer. Ideally all our children should be inspected twice a year; at the present rate of inspections we are doing less than one-fourth of this and it would be useless to press inspections further since we should merely add to our waiting list far more children than we could ever hope to treat. Out of 5,700 referred for treatment during the year only 3,500 have received it.

The best our dentists can hope to do is to provide as good a service as possible for a proportion of the children who need it, and the quality of their work remains good. It is encouraging to note that even under these difficulties they are able to continue with a certain amount of orthodontic work, which is preventive dentistry in the best sense of the term. Unless, however, there is a considerable improvement in recruitment the prospect is bleak indeed.

CHILD GUIDANCE. With augmented, though still not complete staff, new premises and better equipment, the Child Guidance Clinic is at last beginning to come into its own and the Psychiatrist in Charge is already starting to look for new worlds to conquer. I cannot too strongly endorse what he has to say about preventive psychiatry in the last section of his report, (see page 25) since for many years I have been myself approaching, from the sociological side, those problems which he sees from the psychological side. Only by a synthesis of the two approaches is it possible to hope for success and in far too many quarters that synthesis is being impeded by people of narrow outlook. Here, I feel, we have the goodwill and active co-operation of many different people who are widely humane in their views on life, and the Psychiatrist's attempts to bring them together have been highly successful so far.

If we are going to prevent the increasing development of neurosis and worse in a world which is doing all it can to make all its inhabitants more neurotic than ever, the school medical officer, the school nurse, the health visitor, the teacher, the family doctor, the probation officer, the youth employment officer and a good many others will have to work together with an understanding of what the psychiatrists and their colleagues are doing, and the child guidance clinic will have to be fully alive to the complex social factors involved and find the right basis of co-operation with those responsible for medico-social work. The Social

Workers' Group and the Social Forum of which the Psychiatrist speaks are, I believe, beginning to do just this. They have begun operations so recently that it is not yet possible to credit them with more than a promising start, but I feel that 1955 may be a year of important advances.

THE EDUCATIONALLY SUB-NORMAL CHILD. The Headmistress reports in detail on the work of the Stockwell Street Special School. For this school the year has brought some improvement in material conditions, but I still do not feel that it is able to fulfil its true function. Because of the extra difficulty of its work it needs even more than the ordinary school accommodation and equipment and a strong staff. It is idle to pretend that its present accommodation is sufficient or that even when the whole of the present building is available things will be more than barely tolerable. Nor can a small school afford to separate children of widely different ages and abilities into appropriate groups and give all aspects of its work specialist attention. The Division could, without difficulty, support a school of over 100 educationally sub-normal children. In a school of that size it would be possible to have five classes, each more homogeneous than the present classes, and a staff flexible enough to meet all needs. We could then expect the children to receive not only a better basic education in the three Rs but craft and vocational training so that when they left school they would be better prepared to fit into life in the world outside.

The problem of educationally sub-normal children in the coastal area remains unsolved. We know of about 20 in or near Clacton who would benefit by special school education and there may probably be a further 10 or 12 who have not yet come to our notice. The total number within easy reach of Clacton is not likely to be sufficient to justify a special unit of more than 35 or 40 places and such a school, though much better than nothing, would have all the disadvantages from which Stockwell Street Special School has hitherto suffered. It might be worth while to consider providing transport from Clacton and making the hoped-for new school in Colchester serve the whole of the Division, but in one way or another, something must be done for these unfortunate children in the coastal area.

OTHER HANDICAPPED CHILDREN. There are no other special schools in the Division, so that children suffering from other handicaps must either attend ordinary schools or go to schools elsewhere. It is my personal opinion that in this country as a whole we have been rather too eager to regard special schools as the solution to all the problems of the handicapped. The present American policy, to press for the education of all handicapped children in ordinary schools, goes much too far in the opposite direction; I have seen more harm done to handicapped children by leaving them in ordinary schools than by sending them to special schools, and I cannot agree with those people and organisations in this country who are now advocating the adoption of the American plan. Every case needs to be carefully considered on its merits and every handicapped child should have the education and environment which promises best in his particular case. Perhaps the highest aim of the special school should be to try to bring its pupils

to a point at which they can finish their education in an ordinary school and I am glad to see that more and more special schools are now making this their ambition.

Provision for *blind* children is not too hard to find and most of our blind children are able to go to special schools with little delay. The situation of the *deaf* and *partially deaf* child is much less satisfactory, as they may have to wait a year or more for a vacancy; during that year valuable opportunities may be missed and, in particular, speech may deteriorate gravely. We have tried with some little success to give speech therapy to some of these children during the waiting period, but an increase in accommodation is the only real answer. This is a matter of some urgency, since with modern hearing aids many very deaf children can, if they receive special education in time, be brought in a year or less to a point at which they can successfully enter an ordinary school.

There has been much comment in recent years on the lack of provision for *spastic* children. The situation, though not as bad as some people would suggest, is bad enough. Many spastic children who are only slightly affected can and do attend ordinary schools with considerable benefit, while others are now being well dealt with in some schools for the physically handicapped which have special spastic units. There are a few special schools for spastics which give excellent education and treatment to spastic children of average or higher-than-average intelligence. There is, however, a deplorable lack of special schools to cater for that very large number of spastic children who are fairly severely handicapped physically and have I.Q.'s between about 90 and 70, and in the Division we have several children who need provision of this very kind. We have little difficulty in placing other physically handicapped children.

HEALTH EDUCATION IN SCHOOLS. Health is part of living and all education makes its contribution to individual and community well-being. If this were fully accepted, there would be little need for special health educators to visit our schools, but although much is being done within the ordinary curriculum some additional effort in specific health education is still worth while.

In addition to individual health education at periodical medical inspection, school medical officers, school nurses and health visitors have given group talks in various schools. In Colchester we have been able to make use of the two day nurseries to give demonstrations in practical child care to groups of senior girls. We have tried the experiment of arranging for Sanitary Inspectors to visit schools to talk on environmental hygiene; the talks have been greatly appreciated and will be extended in the future, though it is, of course, impossible to estimate how effective they have been. Parent-teacher associations continue to offer excellent opportunities of getting into touch with important people in child health and each of the school medical officers is in close touch with the associations of the schools in his district and gives them advice and formal talks as required.

CLINIC PREMISES. There have been no changes during the year in the provision of clinic accommodation for the School Health Service, so that nearly all our staff have been working under conditions which vary from the rather poor

to the downright bad. The long-awaited new Combined Treatment Centre at Halstead is, however, expected to open in March, 1955, and there is every prospect of our having more and better accommodation at Clacton before the end of the year and schemes are afoot for new Combined Centres at Dovercourt, Manningtree and Shrub End, Colchester. It is hoped that the Culver Street Clinic in Colchester, the best of our Centres in quality of accommodation, but too small for all the work which needs to be done in the centre of the town, will be substantially enlarged in the course of the next two or three years.

SCHOOL HYGIENE. It would be unfair to repeat too closely the comments I made under this heading last year, because although the physical situation has changed little, progress is being made towards substantial improvement and delays are due rather to the necessities of procedure than to lack of interest or enthusiasm on the part of the Divisional Executive and its officers. The rural schools provide the worst specimens but this no longer justifies a fatalistic attitude on the part of rural school managers; some of our rural schools are highly satisfactory new buildings, while others are encouraging examples of what can be done by keen people to make the best of structurally poor material unhappily designed. Nor are all town schools perfect; some are neglected and slummy for no very good reason and occasionally in schools which are adequately ventilated the staff fail to make proper use of that ventilation, with deplorable results!

I do not expect defects in school hygiene to have spectacular effects in the production of epidemics of serious diseases among the pupils; perhaps if they did we might receive more substantial Exchequer grants towards improvement. But there are several schools in which infection could spread very rapidly if it were once introduced and many in which it could be difficult to keep minor infectious illnesses within bounds by the practice of hygienic habits. Apart from this, I am concerned that we who are responsible for teaching children how to live healthily should be so deplorably backward in giving them the chance to practise what we teach.

CO-OPERATION. I have commented in previous years on the importance of co-operation between the school health service as such and general practitioners and hospitals. Things are not yet perfect and there are occasional failures in tact and understanding on both sides, but undoubtedly the general position is steadily improving, with considerable benefit to the child. I can recall no case during the year in which a local hospital or a family doctor failed to give us help when we asked for it and I have been greatly impressed by the increasing frequency with which help is proffered even before we ask for it. Several very difficult problems have been happily solved by the willingness of doctors inside and outside hospitals to go out of their ordinary way to co-operate. I could only wish that certain hospitals outside Essex were as understanding as those in the Colchester Group.

From the teaching staffs of the schools we have continued to receive the co-operation which we have learned to expect. We have also been encouraged to find that the teachers are tending to consult the School Health Service more and more on matters which though only indirectly medical have important bearings on the social aspects of health.

I should like to end by thanking the Divisional Education Officer and his staff for much invaluable help unobtrusively given and to commend to the notice of the Divisional Executive the continuing hard and effective work of the medical, nursing and administrative staff of the School Health Service proper.

MID-ESSEX DIVISION.

Dr. J. L. Miller Wood writes :—

HEALTH EDUCATION IN SCHOOLS. During the year, twelve Health Visitors participated in teaching in schools. Two of the Health Visitors are undertaking this work continuously during term time, and one is teaching the Health Section of the syllabus of the National Nursery Examinations Board for Nursery Nurse Students at the Mid-Essex Technical College, and the other is teaching Mothercraft to selected senior girls at the Maldon Secondary Modern School.

Two courses of lectures have been given in schools by Health Visitors as follows :—

Moulsham School Kitchen	..	School Canteen Workers
Southminster School	..	.. Senior Girls Mothercraft

Four lectures have been given by three of the Health Visitors ; one each in the following schools :—

Mid-Essex Technical College
Great Bardfield School
Finchingfield School
Burnham-on-Crouch School

Two parent-teacher associations have been visited, and eight of the health visitors from this Division took part in the display which was held on the open day at the Mid-Essex Technical College.

DOUCECROFT HOSTEL, KELVEDON. The Psychiatrist reports as follows :—

“ The year 1954 has been a successful one at the Doucecroft Hostel. Good work has been done with the children, most of whom have had considerable emotional difficulties.

On 1st January, 1954, there were 10 children in the Hostel, 4 girls and 6 boys, varying in age from 11 to 14 years. On 1st January, 1955, there were 12 children, of which 2 were girls and 10 boys. During the year 4 boys and 3 girls left the Hostel and 8 boys and 1 girl joined it.

With one or two exceptions, the improvement has been substantial, and the children were ready to rejoin the community without much fear of any future difficulty. In one case, I had recommended that a boy should leave the Hostel prematurely but this was part of a general plan for those whose problems would seem to have been alleviated to rejoin their family as soon as possible. In this aspect, every effort has been made to encourage visiting as frequently as possible, and all those children who have homes to go to have done so during the school holidays.

A few children have visited neighbouring Child Guidance Clinics for psycho-therapy, 3 at the Mid-Essex and 1 at the North-East Essex Clinics. Visits have been made during the year by psychiatric social workers who are acquainted with the homes of the children, and collaboration between them and the staff has been excellent.

Unfortunately, there have been some changes in the staff. The Assistant Warden left in February and a successor was not appointed until 15th October."

The Psychologist to the Education Committee reports as follows :—

"The psychological work in connection with the Hostel has continued during this year on very similar lines to those described in earlier reports. It is, of course, extremely important to maintain as close co-operation as possible with the local schools which the children attend and the Psychologist to the Education Committee has continued to visit these schools, particularly when new children are to attend and when the time is approaching for children to leave the Hostel. Confidential reports are given to the Heads on the children's abilities and the nature of their problems, in order to assist them with the correct placement of the children in school and with the understanding of their difficulties. This would seem to be an appropriate place to record our appreciation of the help and tolerance which the children receive in school.

A reassessment of each child's abilities and attainments is carried out before recommendations are made for leaving the Hostel, either for a normal school or for entry into employment, and useful contacts have been made with the Officers of the Youth Employment Service both in respect of placement and after-care. It is also pleasing to be able to record that in practically every case, the children who have left the Hostel keep in touch with the staff both by letter and by returning for day or weekend visits.

Satisfactory after-care remains, however, one of the greatest problems in connection with these children as for those maladjusted pupils attending independent schools, particularly where the child's home still remains unadjusted, as these children do not at first earn enough to maintain themselves in lodgings."

RAMSDEN HALL RESIDENTIAL SPECIAL SCHOOL. This special school for educationally sub-normal boys was visited on several occasions during the past year both for routine school medical inspections and for special examinations.

Again, as in previous years, a consistently high standard of general health was noted. No outbreaks of infectious diseases occurred during the year. Hygiene surveys of the school revealed it to be on the whole very satisfactory from the health point of view, except on the following points. The dustbins are emptied much too infrequently—particularly during the warmer months. There are lack of facilities for drying clothes. This is a great inconvenience when a high proportion of the pupils are bed wetters.

A particular feature of this school is the co-operation of the headmaster. Following supervision examinations of school leavers it has become the practice for a conference between the headmaster, the youth employment officer and the school medical officer, to take place to consider each child. These have been found to be very helpful.

HASSOBURY RESIDENTIAL SPECIAL SCHOOL. Routine medical inspections were held at this special school for educationally sub-normal senior girls on 1st April and 4th October, 1954, at which the general physical condition of the children examined was found to be considerably improved since their admission.

Any defects occurring were referred either to Saffron Walden Clinic or in the case of an eye defect to the Eye Clinic at Haymeads Hospital, Bishop's Stortford, for appropriate treatment.

In the school premises a high standard of cleanliness is maintained and, in particular, in the domestic teaching kitchen, where arrangements for instruction are excellent.

There has been no case of serious illness in the school during the year, neither has there occurred any infectious or contagious disease.

NURSERY SCHOOLS. The medical inspections at the two nursery schools in the Division continue to be carried out and the responsible Assistant County Medical Officer reports as follows :—

“ Buildings, repairs, etc. I have had an opportunity of carrying out a detailed hygiene survey at London Road Nursery School. Some defects noticed include inadequate heating of premises, particularly hall and corridors, which are used as cloakrooms, only one sink available for washing up purposes and inadequate heating of water. Repairs carried out include repair of footpaths at Corporation Road Nursery School and internal decoration at London Road Nursery School kitchen.

Staff. A new head teacher, teacher and nursery assistant were appointed to London Road Nursery School. There is a vacancy for another teacher at Corporation Road Nursery School.

Waiting List. The waiting list for admission remains unaltered.

Medical Inspections. Medical inspections were carried out each month. Entrants were examined as soon as possible after admission. Children with defects were placed on observation and brought forward for further examinations at the discretion of the medical officer, usually at two or three monthly intervals.

When necessary children were referred for specialist's advice with the exception of those under the observation of the general practitioners.

Immunisation sessions were held for diphtheria and for pertussis, as required.

Appointments were made for children to attend at the local clinic for immunisation, speech therapy, minor orthopædic treatment, visual defects and for dental treatment.

Upper respiratory tract infection was the commonest morbid condition met with in both nursery schools.

Nutrients were recommended when necessary and were administered either at school or at home.

There was no major epidemic to necessitate closure of the schools.

Kitchens were inspected once a term.

The general health of the children remains good.

Social Circumstances of the Mothers :—

		London Road.		Corporation Road.
Widows and separations ..	..	—	..	4
Unsuitable housing conditions (overcrowding and flats, etc.)	..	5	..	4
Sickness of one parent ..	..	5	..	—
Large families ..	..	2	..	12
Working mothers ..	..	15	..	15
Recommended by nurse or doctor ..	..	3	..	18
Recommended by Probation Officer		1	..	—
Not gainfully employed ..	..	18	..	58

(The above numbers are not meant to coincide with the numbers on roll; this is not possible, for example there may be two members of the one family in the school or one mother may come under several headings)

Age Classes :—

Age Classes.	London Road		Corporation Road	
	M.	F.	M.	F.
Under 3 years, over 2 ..	1	2	2	8
„ 4 „ „ 3 ..	7	3	10	11
„ 5 „ „ 4 ..	11	8	28	22
Over 5 years ..	7	4	0	0

DENTAL CARAVAN. During the year the dental caravan has been used by three of the school dental officers to provide inspection and treatment at eight rural schools and also in Ongar, where the lack of a properly equipped health services clinic prevents the establishment of a permanent clinic. In all 1,300 children were inspected and 350 of these received treatment.

Whilst it is proposed to equip the present caravan for main electricity supply early in 1955, and this will undoubtedly be an improvement, particularly during the winter months, the operating conditions still fall far short of the desired standard. A larger and more up-to-date vehicle is required if this valuable work is to continue efficiently.

SOUTH-EAST ESSEX DIVISION.

Dr. W. J. Moffat writes :—

ROUTINE SCHOOL MEDICAL INSPECTIONS. The work in relation to routine medical inspections of school children has continued satisfactorily throughout the year and some idea will be gained of the progress made in this direction by the following table which gives statistical information for the years 1952, 1953 and 1954 :—

Year.	Number of Children Examined		
1952	3,161
1953	4,632
1954	4,385

It will be observed that there is a slight decrease in the number of inspections carried out during 1954 as compared with the year 1953, and this was due to the fact that Dr. Jean Troughton was away on special leave for a period of three months

towards the end of the year and also attended for a period of three weeks in May, 1954, a course, in order to obtain approval under the School Health Service and Handicapped Pupils Regulations, 1953, in relation to the ascertainment of educationally sub-normal children. In addition, Dr. Jean Buchanan attended a similar course in October, 1954.

As far as possible medical inspections of pupils are held at the schools but in certain instances, i.e. where pressure on school accommodation has been acute, it has been found more convenient for them to be held at health services clinics, particularly where the clinic is in close proximity to the school. In the Basildon New Town area some difficulty was experienced in arranging for medical inspections on orthodox lines of pupils whose homes were in the New Town but who had temporarily transferred to schools some distance away. In order to overcome these difficulties, arrangements were made as an experiment for the medical examination of some of these children during the mid-term period. This arrangement proved very satisfactory but was not required after the summer term.

The happy relationship which exists with the teaching staffs at schools, together with the helpful co-operation of the head teachers, does much to ensure the smooth running of the arrangements made for school medical inspections.

SCHOOL POPULATION. The population in this Division continues to increase steadily, due in no small way to the considerable number of new houses constructed notably in Basildon New Town but also elsewhere. There is, therefore, bound to be a consequential increase in the school population and, for comparison purposes, the following information gives some idea of the expansion of the population in relation to school children :—

Year Ended.	School Population.
31-12-52 .. ..	.. 14,567
31-12-53 .. ..	.. 15,465
31-12-54 .. ..	.. 16,554

MINOR AILMENTS. Minor ailment clinic attendances increased in 1954. During the year 7,182 children attended, as compared with 5,264 for the year 1953. Each of the twelve weekly minor ailment clinics is attended by a school medical officer who deals not only with minor ailments of the children but also follows up cases requiring observation. In the majority of instances, vaccination and immunisation are, for convenience, carried out at these minor ailment clinic sessions.

CHILD GUIDANCE. The majority of cases from this Division who are recommended to be seen at a child guidance clinic are referred to the Mid-Essex Child Guidance Clinic at Chelmsford and during the year 47 children from this Division were seen at that clinic, as compared with 43 children during the year 1953. It is felt that the time is rapidly approaching when consideration will have to be given to the implementation of the recommendations contained in the County Council's scheme for the reorganisation and development of the Child Guidance Service whereby a satellite clinic is established in this Division which would operate in conjunction with the Chelmsford Clinic. This would avoid to some extent

children having to wait some time before being seen, owing to the large number on the waiting list at the Chelmsford Clinic and in addition, would be much more convenient to the parents as far as travelling is concerned.

VISUAL DEFECTS. The North East Metropolitan Regional Hospital Board provides the service for the investigation and remedying of the visual defects discovered at school medical inspections or otherwise. For this purpose the services of two part-time ophthalmic specialists were available at seven of the health services clinics and an average of eleven sessions have been held each month throughout the Division.

Representation has been made to the Regional Hospital Board that additional eye clinics are required at the Health Services Clinics at Craylands (Basildon) and at Wickford. The need for these additional sessions has been recognised by the Board who have stated that they will provide the service when the necessary appointment of additional specialist staff has been made.

At the sessions held during 1954 a total of 2,256 children were refracted, in addition to other examinations carried out and, of the 603 who were prescribed spectacles, 554 were actually provided by the end of the year.

Attention was drawn by one school to the advisability of carrying out a routine eye test on all children in the eight-year-old group, because of the long interval between the first and second routine medical inspections and that at the initial examination a child may not be sufficiently adjusted to his new environment to be able to give a true response. Previously, lack of staff had prevented this additional examination taking place in but a few schools in the Division. With an improvement in the staff position it became possible to arrange for the school nurses to visit the schools to carry out a preliminary screening, refer any cases where a defect of vision was suspected to the school medical officer at the appropriate minor ailment clinic, and thence, if required, to the ophthalmic specialist.

These arrangements came into being at the Christmas term of 1954 and so far 19 out of the 33 schools in the Division have been covered.

ORTHOPTIC SERVICE. The arrangements have been continued whereby children requiring orthoptic treatment are referred to the Southend General Hospital by the ophthalmic specialists in attendance at the various clinics. In those cases where treatment is recommended, children are seen at the orthoptic clinic, Warrior Square, Southend-on-Sea. The only disadvantage of this arrangement is the travelling involved for parents who reside in outlying districts, although during the year 312 children were either treated or undergoing treatment as compared with only 81 for the year 1953.

UNCLEANLINESS AND VERMIN. During the year a total of 37,646 examinations were carried out by school nurses undertaking cleanliness surveys and in a small number of cases it was found that cleansing was necessary and the appropriate action was taken. It is pleasing to report that in no case was it necessary to institute legal proceedings, the desired result being attained without recourse thereto, and there is no doubt that this happy state of affairs is due largely to the

greater measure of co-operation received from parents nowadays. The cordial relationship which normally exists between the parents and the school nurse is also a determining factor in the standard of cleanliness in school children. Without the continued surveillance afforded by these periodic cleanliness surveys, the clean child is likely to suffer.

HEALTH EDUCATION. (a) *Hygiene and Mothercraft.* Regular series of lectures on these subjects were given to the senior girls at Rayleigh Secondary and Great Wakering Schools. Unfortunately, the series at Rayleigh Secondary School was interrupted by the resignation of the Health Visitor/School Nurse who had been undertaking this work and who had not been replaced by the end of the year. Two lectures on similar lines were also given to the senior girls at Canvey Island Secondary School during the Autumn term.

(b) *Canteen Hygiene.* The opportunity was taken during the time that the schools were closed for the Whitsun holidays in 1954 to assemble the kitchen and canteen staffs of all the schools in the Division at the appropriate health services clinics for lectures and film strip demonstrations by the school medical officers on various aspects of food hygiene.

(c) *Parent-Teachers Associations.* One of the school medical officers addressed a parent-teacher association on immunisation and vaccination.

ORTHOPAEDICS AND PHYSIOTHERAPY. The Orthopaedic Service in relation to school children has continued throughout the year, the services of the orthopaedic surgeons and the physiotherapist being provided by the Southend Group Hospital and the South-East Essex Group Hospital Management Committees. The orthopaedic ascertainment sessions are held at approximately six-monthly intervals. Regular fortnightly or monthly physiotherapy sessions are held at the Rayleigh, Rochford and Canvey Island Health Services Clinics.

The arrangements whereby the school medical officer in attendance at the Craylands Clinic screens patients requiring physiotherapy, sending only the more serious cases to the Orthopaedic Surgeon at the Hospital, were continued but, unfortunately, owing to staffing difficulties, the physiotherapy sessions at this clinic which commenced in March, 1954, ceased in October, 1954.

SPEECH THERAPY. The qualified whole-time Speech Therapist has continued to give special training and treatment to children suffering from speech defects and during the year a total of 85 pupils were treated who made 2,730 attendances.

At the time the whole-time Speech Therapist commenced duty in 1950, the school population was 12,517 and it was then considered that this appointment was sufficient to serve the Division. With an increasing rate of influx of population and with a view to curtailing the number of children on the waiting list, it is hoped to arrange the appointment of an additional speech therapist during the year 1955 to undertake five sessions per week.

HANDICAPPED PUPILS. In accordance with Section 34 of the Education Act, 1944, arrangements were made during the year for the medical examination of 46 children by approved school medical officers. In addition, 32 children were

re-examined who were already classified as educationally sub-normal. Although every endeavour is made to deal with the cases referred from time to time, there is still a large waiting list. However, it is hoped to increase the establishment of assistant school medical officers by the equivalent of one-half-time officer during the year, when it will be possible to arrange for additional sessions to be devoted to this most important aspect of the School Medical Service.

SOUTH ESSEX DIVISION.

Dr. W. T. G. Boul writes :—

HEALTH EDUCATION IN SCHOOLS. Health talks at Dury Falls County Secondary School were given on Wednesday mornings during one school term last year. These were given in collaboration with the Science Master and followed on his teaching in elementary anatomy and physiology concentrating on subjects which might be useful to the pupils on leaving school, such as factors connected with the maintenance of health for example ; exercises, dieting and smoking ; the ways in which diseases are spread and methods by which infection may be prevented or minimised in the home and at work ; physical standards required for some occupations and industrial hazards encountered in such types of work as engineering factories, railways and building construction work.

OPEN AIR SCHOOL, GRAYS.

	Boys.	Girls.	Total.
Number of children in attendance during the course of the year	61	58	*119
Number on register January, 1954 ..	32	34	*66
Number of admissions during year (including re-admissions)	29	25	*54
Re-admissions	1	1	2
Number left during year	20	26	46
Number on register 22-12-54 (last school day) (including 6 leavers) ..	41	39	80

*The apparent discrepancy of one ($66 + 54 = 120$) is caused by one child being discharged and re-admitted during the course of the year. The other re-admission does not cause a similar discrepancy the child having left in a previous year.

As in previous years the weekly visit of the School Medical Officer continued throughout the year, and her recommendations concerning remedial work and special treatments have been followed. Arrangements were also made for eight children, five girls and three boys, to have short periods of four or six weeks in convalescent homes.

Attendance on the whole was quite good. Some children made regular attendances at hospitals for out-patient treatment.

As in 1953 most of the children admitted were Infants and younger Juniors. This has meant that for most of the year the Infant and Junior classes have been full and since about June there have been children waiting to be admitted but for whom there have been no vacancies. The year 1955 started with a roll of 79 (maximum possible 80), with thirteen children recommended for admission but

waiting for vacancies. The number cannot at present be made up to 80 because we are still working under makeshift conditions since part of the school building was burnt down in November, 1953, and we have not the actual physical space to fit in another desk and chair in the one class where there is a vacancy. It has been a great disappointment to all members of the staff that as yet, fourteen months after the fire, nothing visible has been done towards the erection of a new building.

AN OUTBREAK OF INFECTIVE HEPATITIS. The Medical Officer of Health for Hornchurch has provided the following report :—

“An epidemic of this disease has been prevalent largely in the Oglethorpe Primary and Junior Schools, Cranham, and the advent of the summer holidays provides a suitable juncture for reviewing the position during the period from January until the end of July, 1954.

Nature of Illness. Infective Hepatitis is an illness usually, but not always, causing a general upset followed by Jaundice which lasts from one to ten weeks. It is not always a typical illness and as Jaundice may not always appear, it is evident that its effective control is greatly complicated.

Cause of the Illness. This is thought to be a virus which may spread through infected hands, food or articles. The question of “carriers” is still undecided.

General Picture. During the period noted above, i.e. January to 31st July, 1954, the following cases thought to be of Infective Hepatitis were brought to my notice within the classes designated, viz. :—

School Cases—

Oglethorpe Junior—

Boys	..	..	..	..	..	15	
Girls	..	..	..	..	..	27	
						—	42

Comprising—

Hornchurch residents	..	..	..	32	
Outside Hornchurch—					
Aveley	..	..	..	6	
Warley	..	..	..	2	
Horndon	..	..	..	2	

Oglethorpe Infants—

Boys	..	..	..	..	..	19	
Girls	..	..	..	..	..	22	
						—	41

Comprising—

Hornchurch residents	..	..	..	28	
Outside Hornchurch—					
Aveley	..	..	..	10	
Warley	..	..	..	3	
				—	
Carried forward	..	..	..	83	

Brought forward	..	..	..	83
<i>Other Schools—</i>				
Gaynes Senior	..	..	..	5
St. Mary's Lane Infants'	..	..	..	2
Hacton Primary	..	..	..	1
Brentwood	..	..	..	1
Hornchurch County High	..	..	..	1
Dury Falls	..	..	..	1
Ardleigh Green	..	..	..	1
			—	12
<i>Others associated with Oglethorpe—</i>				
Teachers	..	..	..	2
School Meals Assistant	..	..	..	1
Mothers	..	..	..	2
			—	5
<i>Other Adults</i>	..	..	..	8
(Six of the adults resided in Upminster)				
<i>Pre-School Children—</i>				
Rainham	..	..	..	1
Upminster	..	..	..	1
			—	2
Total	..	..	..	110

Teachers. During the period reviewed three teachers developed Infective Hepatitis; one was taken ill shortly before the end of the term and developed Jaundice in the holidays; one developed symptoms some three days after her latest attendance at school and developed Jaundice ten days later; the third teacher attended school for 6 days after there had been an upset and as it turned out ceased attending school only the day before the Jaundice actually appeared.

It is of interest, if not significant, to note that no transmission of infection from this last case is evident in the records. If the infection had been transmissible by droplet and if the pre-Jaundice stage marked an acute infective stage, one would have thought that there was a distinct possibility that the children, especially perhaps in this teacher's class, would have shown some outbreak of the disease, but this in fact was not the case.

Progress of Outbreak. Apart from an isolated case at Hacton Primary School in mid-January no trouble arose until the last week of that month when a batch of cases was suddenly reported at Oglethorpe Junior Mixed School. Early in February a single case was reported from Oglethorpe Infants' but until late March Oglethorpe Junior School provided the main focus of trouble. Then, however, a batch of some seven cases arose at Oglethorpe Infants' followed almost immediately by another five cases in the same school. April and May saw the same source of trouble with the Junior School providing a few sporadic cases also. June and early July figures were contributed to from both Junior and Infants' Schools at Oglethorpe but the epidemic appeared to lose impetus after the end of May as evidenced by the monthly total, viz. :—

					General.	Oglethorpe
January ..	..	..	..	..	11	10
February ..	..	..	..	..	17	13
March ..	..	..	..	..	17	15
April ..	..	..	..	..	20	16
May ..	..	..	..	..	27	22
June ..	..	..	..	..	9	5
July ..	..	..	..	..	9	7
					<hr/> 110	<hr/> 88

Distribution. The picture is that arising from a school outbreak, the majority of cases had the common factor that they attended Oglethorpe School although living in different parts of this district and outside the district. Naturally, most of them resided close to the school but this is clearly to be expected. The figures I have already noted show, however, that Avey Estate itself provided a relatively substantial number of cases.

Multiple Cases. Four instances arose of two cases being reported from one family and two instances of three cases in one family. Where the two cases arose in one family the interval between the first and second cases appeared to be in the region of 23 days, 25 days and 32 days. The fourth example provided a gap of 63 days between the first and second cases. It is to be noted that in two of the above examples the second case had a minor upset shortly after the first case developed Jaundice, although the second case did not itself develop Jaundice until some time after the minor upset. In the two instances where three cases occurred in one house the gap between the first case and the third was never longer than 17 days.

Control Measures. I have already noted that control was difficult because of the sub-clinical case and possible because of "carriers". It should be realised also that there is no ready bacteriological or other test (as there is for example in certain infectious diseases and food poisoning) which enables us to substantiate the presence of the disease in certain cases or the freedom from infection of any individual.

From the outset, close liaison was maintained with the Divisional School Medical Officer and the wholehearted co-operation of both the Headmaster of the Junior School and Headmistress of the Infants' School was freely available.

The canteen and general sanitary arrangements in the school were discussed very frequently between the school staff and my District Sanitary Inspector. I myself repeatedly visited the school with my Inspector and discussed the position with the school staff. There was no evidence found to incriminate school meals.

It was arranged from the outset that cases of slight illness should be excluded from school until the cause of the illness became apparent. The necessity for the highest standard of individual hygiene even in infants was emphasised. Numerous home enquiries were made into the circumstances of cases and suspected cases. Where necessary local practitioners were approached.

In a disease of this kind it is not thought practicable to insist upon the exclusion of contacts. In outbreaks of infectious disease generally (and this includes Infective Hepatitis) it is necessary to draw a mean by adopting those measures of restriction which can prove of value without at

the same time being of a nature so completely to paralyse the life of the school or community concerned as to prove on that very account impossible of fulfilment.

Discussion. The best method of attacking an outbreak of this nature is by devoting attention to restricting spread along the channels thought to be capable of causing spread and hence emphasis on personal hygiene, undiagnosed illness and the like.

The age incidence of those affected is evident from the details I have given of the outbreak. It will be known that the school mainly involved is of very modern construction with equivalent high standards of canteen and general sanitation and to these advantages must be added the real interest of the headmaster and headmistress in securing that personal hygiene was always maintained at the highest possible level. There is not, I think, any method of radically stopping an outbreak of this kind, although one can hope with reason that stringent measures can prevent the extent of spread.

In this instance, the school holidays came at a time when the epidemic showed a substantial lessening in extent and it is to be hoped, not unreasonably, that school resumption will see the disease at the very worst in sporadic form only—if in fact it has not completely departed."

FOREST DIVISION.

Dr. F. G. Brown writes :—

No significant changes in the services provided in this Division occurred during the year under review.

The dental position can, I think, be regarded with some satisfaction in so far that every clinic which is equipped with a dental surgery is operating a dental service for school children. In other words, facilities for providing dental inspection and treatment are available in all areas in the Forest Division, except at Harlow. It is hoped that this will be remedied by next summer. It is, however, disturbing to note that a greater percentage of the pupils found with dental defects are not using the school clinics to obtain their treatment and I have drawn attention to this in my report on the dental services.

I have been concerned at the long delays which have been experienced in obtaining treatment for ophthalmic and speech defects. However, following my representations, additional sessions have been made available and at the time of writing this report, the two waiting lists have been considerably reduced.

Reference is made in the report to two new investigations which were started in this Division during the year, namely, tuberculosis case finding among school entrants and the B.C.G. vaccination of 13 year old pupils. The introduction of these schemes has thrown a lot of additional work on to Head Teachers and their staffs and I should like to take this opportunity to thank them for their co-operation and support, without which the arrangements would not have worked so smoothly.

AUDIOMETRIC SURVEY. This survey which commenced in this Division in June, 1952, was completed in March this year. The Audiometrician visited all Junior Secondary Modern and Secondary Grammar Schools in the Division, and the final result of the investigation was as follows :—

No. schools visited (Junior, Secondary Modern and Secondary Grammar)	64
1. Total No. of pupils tested	16,817
2. No. found to have defective hearing	314
3. No. of children discovered who were not known previously to have defective hearing	256
4. No. examined by School Medical Officers and results—	
(a) Already receiving treatment	52
(b) Referred to own doctor	13
(c) Syringe ears for removal of wax	64
(d) Sit in favourable position in class	4
(e) Referred for examination by Ear, Nose and Throat Consultant	78
(f) Treatment required	88
	— 299
5. Failed, or refused to attend for examination by School Medical Officer	15
6. Results of investigation by Ear, Nose and Throat Consultants :—	
(a) Hearing aid prescribed	5
(b) For tonsillectomy and/or adenoidectomy	25
(c) For local treatment	11
(d) No treatment required	32
(e) For instructions in lip-reading (referred to a London Hospital as no facilities locally)	2*
(f) For breathing exercises	1
(g) Failed to attend hospital for examination by E.N.T. Consultant	2
	— 78
7. Result of retest after investigations—	
Hearing improved	45
No improvement	44
	— 89
8. Failed to attend for retest	119
9. Not retested	106

*One refused by parent.

SPEECH THERAPY. In my report for 1953, I made reference to the fact that it was hoped to obtain an additional speech therapist (part-time) to work in this Division. Unfortunately, the therapist appointed did not take up duties until 1st December, 1954, and in consequence, practically no benefit resulted from her appointment during the year under review. The only consolation arising from the appointment was that it enabled a clinic to be established at Harlow, and by reorganisation of the duties of the other speech therapists, to clear the Divisional waiting list, which stood at 45 on 30th November.

The importance of seeking early treatment for speech defects is obvious and the increase in the number of children being referred for treatment suggests that teachers and parents are giving more attention to the matter. During the year 147 new cases were referred to clinics for speech therapy.

The following is a summary of the work carried out by Speech Therapists during 1954 :—

No. of sessions held	721
No. of individual children treated	397
No. of attendances made by pupils	4,782
No. discharged—	
(a) cured	84
(b) unsuccessful	5
No. failed to continue course	23
No. refused treatment	7
No. still under treatment at end of year	238
No. on waiting list at 31-12-54	6

TONSILS AND ADENOIDS. Although some of the hospitals serving this Division took active steps to endeavour to reduce the lengthy waiting lists for this type of operation, the position is still far from satisfactory and many children who have had their names on the list for more than two years, still await operative treatment.

During the year 153 children were referred to hospitals for examination by an Ear, Nose and Throat Consultant, and a number of names were added to the lists for operative treatment.

Notifications received from hospitals show that 303 children who are pupils at schools in this Division, received operative treatment for removal of tonsils and/or adenoids during 1954.

CLEANLINESS SURVEYS. The School Nurses visited all primary and secondary modern schools during the early part of each term and carried out a cleanliness survey of every child in attendance. A total of 77,720 inspections were made and 371 instances of infestation were recorded. It was necessary to make arrangements for 5 children to receive treatment at Hackney Borough Council's Cleansing Centre.

DIPHTHERIA IMMUNISATION. School Medical Officers gave a complete course of injections to 131 school children, and a reinforcing dose to 926 children. There were many children of school age who were immunised by their own doctor, but it is not possible to give an accurate number in respect of these cases.

SHORT TERM CONVALESCENT TREATMENT. During the year, 78 children were referred for a recuperative holiday, as follows :—

By School Medical Officer	38
By General Practitioners	30
From other sources, e.g. Hospitals, Head Teachers, etc. ..	10

There were 71 children placed in suitable convalescent homes for periods from two to eight weeks. In seven cases, the Medical Officer at the Home, recommended that the child would benefit from a longer period of convalescence and in each case, an extension was approved. Four of the children who had an extended holiday were in one of the homes administered by the National Sunday School Union; as in previous years the Union again offered to keep the children for further periods of up to four weeks, at no expense to this Authority, and their offer was gratefully accepted.

Owing to their age (over 12 years) six of the remaining seven children could not be accommodated in convalescent homes, and were subsequently admitted to residential open air schools for a prolonged stay. The name of the other child is still on the waiting list.

SPECIALIST SERVICES. By arrangement with the County Council, the Regional Hospital Board provide the following services which, with one exception, are conducted at County Council Clinics. The exception to this arrangement is at Waltham Abbey where the services were transferred from the clinic to premises at the War Memorial Hospital in February. No objection was raised to this transfer as no inconvenience would be caused to the patients.

(a) *Ophthalmic.* A clinic was established at Harlow Moot House in February, 1954, and the ophthalmologist visits once a month.

In my report for last year, I mentioned that the Regional Hospital Board had agreed to provide two additional sessions per month for a period of six months, at Loughton Hall Clinic, to clear the lengthy waiting list. At the expiry of the six months the position was reviewed and found to have achieved its object. It was, however, considered that a sufficient number of new cases were being referred to the clinic to justify the number of sessions being permanently increased by one a month, and negotiations were opened with the Regional Hospital Board. Unfortunately, these negotiations were not concluded until December, 1954, when it was notified that two additional sessions per month would be provided for a period of 12 months commencing in January, 1955. In the meantime, the position had deteriorated, and on 18th December, 1954, there were 221 children who were overdue for an ophthalmic retest.

The position at the Chingford Clinic was very much the same as at Loughton and on 18th December, 213 children were overdue for retest. Additional sessions will also be provided at this centre next year and the waiting list should soon be cleared.

At all other clinics in the Division the position is satisfactory. The number of children referred to the Harlow Clinic is increasing and additional sessions will be required some time next year.

The Ophthalmologist appointed by the Regional Hospital Board, made 185 visits to clinics in this Division. There were 3,359 attendances made by the children, and spectacles were prescribed for 1,207 children.

(b) *Orthoptics.* There was no change in this service, which is provided at the undermentioned clinics. A summary of the work carried out by the Orthoptist is given overleaf :—

	Buckhurst Way.	Chingford	Epping	Total.
No. of sessions	186 ..	182 ..	90 ..	458
No. of cases investigated ..	175 ..	155 ..	74 ..	404
No. of cases treated ..	30 ..	37 ..	20 ..	87
No. of attendances made by pupils ..	720 ..	758 ..	531 ..	2,009
No. of cases cured—				
(a) without operation ..	11 ..	17 ..	7 ..	35
(b) with operation ..	4 ..	5 ..	2 ..	11
No. failed to complete course ..	3 ..	3 ..	6 ..	12
No. of cases refused to receive treatment ..	1 ..	— ..	— ..	1
No. discharged unsuccessful ..	7 ..	3 ..	2 ..	12

(c) *Orthopædic*. At the beginning of this year, arrangements were made for each School Medical Officer to work in close liaison with the physiotherapist and to supervise the treatment of minor orthopædic defects. This arrangement has worked very well, and has prevented the overloading of the Visiting Orthopædic Surgeon's clinics with a large number of children suffering from minor defects. Many of the children who attend at the physiotherapy clinics do not require specialist advice, and this has been recognised by the County Council, who have agreed to accept responsibility for part of the cost of the services given by the Physiotherapist. The physiotherapy clinic which was established at Harlow in 1953 is greatly appreciated by the residents and many cases have been transferred from London hospitals for treatment. The Board have sanctioned additional physiotherapy sessions at the South Chingford and Harlow Clinics from April, 1955.

An Orthopædic Surgeon visits one clinic in each area at regular intervals and gives advice on the treatment of the children.

DENTAL INSPECTION AND TREATMENT. The staffing position which began to improve in 1953 was maintained for the greater part of 1954. A part-time dental officer was appointed to Epping Clinic for five sessions a week in June, but resigned in December; a whole-time officer was appointed to Loughton Hall Clinic on 1st September. On that date 11 Dental Officers (3 whole-time and 8 part-time) were employed, representing the equivalent of five full-time officers; at the end of the year this had dropped to the equivalent of 4.05 whole-time officers.

The routine dental inspections which were resumed in 1953 have continued throughout the year and all Dental Officers have carried out these inspections. For this purpose, 93 visits were made to 45 schools, 14,914 children were inspected and 8,570 (57.46 per cent.) were in need of dental treatment.

It is a matter of regret that many pupils did not take advantage of the clinic facilities offered for dental treatment but chose to make their own arrangements for treatment to be obtained from an outside general dental practitioner. At one

secondary school, more than 50 pupils were found to be in need of treatment but only seven elected to attend at the clinic. In some districts, particularly where clinics have been newly established or re-opened, little is known of the School Dental Service and many parents have expressed surprise on learning that such a service exists. It is obvious that if this branch of the service is to be restored to the high place it held in the years before the war, then much work must be done to publicise the facilities available.

A dental clinic has not yet been established at Harlow, but it is hoped to do so next year, when the new Health Clinic Centres become available. Children from Harlow and the rural districts can receive treatment at Epping Clinic.

ANTI-TUBERCULOSIS VACCINE CLINICAL TRIALS. In my reports for the past three years, I have referred to the trials which are being conducted by the Medical Research Council, to determine by investigation, the degree of protection afforded by B.C.G. vaccines and their value if used on a wide scale for the population at large. The scheme commenced in this Division in 1950, by seeking volunteers from children who were then in their last year at school. Contact is still kept with each volunteer who is asked to attend for a skin test and x-ray examination each year. In addition, a Health Visitor/School Nurse visits the home of each person participating in the trials to record details of any change in his/her employment and illnesses since the date of the last examination.

Many of the male volunteers have now reached the age of 18 years and are entering the Forces for their period of National Service. The three Services have agreed to assist the Medical Research Council in these trials and are making arrangements for those concerned to be followed up during the period in the Forces.

B.C.G. VACCINATION. Following upon the investigation referred to in the preceding paragraph, the Minister of Health, in conjunction with the Minister of Education, approved proposals by Local Health Authorities for the extension of the arrangements so that B.C.G. vaccination could be offered to older school children. The County Council agreed that B.C.G. vaccination should be offered to those pupils who have passed their thirteenth birthday, but not attained the age of fourteen years, and that the arrangements be reviewed in six months' time. The scheme in the Forest Division, commenced in June, 1954. Each volunteer is given an initial skin test and only those that give a negative reaction are vaccinated. The results obtained during the Summer and Autumn Terms, were as follows :—

No. of school children to whom offered	..	1,215
No. undergoing skin (Mantoux) tests after parents consent had been received	..	848 (69.8%)
No. who received B.C.G. vaccination	..	653

MASS MINIATURE RADIOGRAPHY UNITS. The Mass Miniature Radiography Unit visited Epping in September and special facilities were made available for the examination of pupils (aged 14 years and over) from Epping Secondary School.

Following receipt of information that a member of the teaching staff at a secondary modern school had been notified as an active case of pulmonary

tuberculosis, special arrangements were made for all members of the staff and pupils to be x-rayed. As a result, one pupil, a girl, was found to have tuberculosis and was admitted to hospital for observation. A similar investigation was carried out at another school where one of the maintenance staff had been reported as an active case of pulmonary tuberculosis. No abnormalities were discovered.

TUBERCULIN JELLY TESTING OF SCHOOL ENTRANTS. This scheme commenced at schools in the Boroughs of Chingford and Wanstead and Woodford and the Urban District of Chigwell, in January, 1954.

The parents of every entrant who is due for a first routine medical inspection also receives a letter from the Divisional School Medical Officer giving details of the scheme, and inviting them to agree to their child taking part in the test. No written consent is asked for, parents being informed that, if no intimation to the contrary is given, the test will be carried out. The response has been most gratifying and only a few parents asked that their child should not be tested and generally gave a good reason why it should not be done, i.e. already under observation of Chest Physician.

For the year under review, the scheme falls into two phases :—

- (1) The Spring and Summer Term ; and
- (2) Autumn Term.

During the first phase the names and addresses of all children who gave a positive reaction to the jelly test were notified to the Chest Physician at the local Chest Clinic with particulars of family contacts. The Chest Physician then arranged for a Mantoux test (1/1000) to be given and x-ray where necessary. All Mantoux positive children were then x-rayed. Family and close contacts were asked to attend the Chest Clinic.

For the second phase, the arrangements were altered. The School Medical Officers gave the Mantoux test (1/1000) themselves, the written consent of the parents having been obtained and only those children who gave positive reaction to this test were referred to the Chest Physician. In the middle of this term and after consultation with one of the Chest Physicians, it was suggested that a clearer reading might be obtained if (a) the flour paper, which is supplied by the manufacturers with the Diagnostic Tuberculin Jelly was not used, the skin being merely cleansed with acetone ; and (b) the patch removed from the child's back, by the parent, two days after application instead of being left on for four days. It is too early to assess the results of these changes, but it is significant to note that during the second phase the number of children who gave a positive reaction to the jelly test dropped from 17 per cent. in the first phase to 6 per cent. By incorporating this scheme with the routine medical examination of school entrants the time occupied by nursing and medical staff is reduced to a minimum. The School Nurse applies the patch when she sees the children for eye testing four days prior to the medical examination and the test is read by the Medical Officer as part of the routine inspection.

A total of 2,360 children were given the test during the year. Of these only 21 were found to be tuberculin positive, the patch test having been confirmed by a Mantoux Test 1 in 1000.

The following abnormalities were found :—

A. Among the children tested—

- (1) Calcified glands in hilar lesion particularly left which would account for the Mantoux positive.
- (2) Enlarged hilar adenopathy, together with two glandular enlargements in the left hilum, regarded as tuberculous in aetiology. Admitted to sanatorium as case of primary pulmonary tuberculosis.
- (3) Primary lesions with segmental collapse in left upper zone.

B. Among contacts—

- (1) The father of child A (2). Lung lesions of doubtful activity in R. upper lobe. Presumably the source of infection. Being kept under observation at Chest Clinic.
- (2) A mother with quiescent pulmonary tuberculosis is being kept under supervision.
- (3) The mother of child A (3). No symptoms but admitted to scanty morning sputum. X-ray showed active lesion with a cavity in the left upper zone. Admitted sanatorium.

As was expected and in confirmation with the findings of others the results have not been dramatic, but in view of the small amount of time occupied by the staff, it is felt that the scheme has been well worth while and it is being continued during the present year.

No difficulty was experienced in persuading contacts of the Mantoux positive children to attend for examination at the Chest Clinic, the response being almost 100 per cent. A total of 54 contacts were examined.

It is of interest to note the small number of tuberculin positive children which were found (less than 1 per cent.). In surveys of other areas this figure has been in the neighbourhood of 3-4 per cent. or higher. The low figure is, however, borne out by the small percentage of children among the school leaver group found tuberculin positive, i.e. 20 per cent. as compared with 50 per cent. or above in other parts of the country. I am proposing to carry out further investigations on this matter, and to submit comparative figures regarding the incidence of tuberculosis for this and other parts of England.

NAZEING PARK SPECIAL SCHOOL. A School Medical Officer visited the school in November and examined every child in attendance. The general health of the pupils is good and nearly three quarters of the children examined were placed in nutrition category "A"; the others were placed in category "B" (fair).

The teeth of every child were inspected during the Summer Term and the Dental Officer commented upon the good condition of the children's teeth, and told

the Head Teacher he was able to recognise from this, those pupils who had been at the school longest. Treatment was provided at the Waltham Abbey Clinic for those children who required it.

A television set was installed at the school at the beginning of the year and the children are able to see the daily programme for children. The Head Teacher reports that this is extremely popular and a great help in filling part of the pupils' leisure time. It is also pleasing to note from one of the Head's later reports that although the children's television programme is available for them each evening, the children are selective in what they want to see, and a third to half of them usually prefer to be outside or in the handwork room.

A filmstrip projector was also provided at the beginning of the year.

The Consultant Psychiatrist reports :—

" In the three years the school has been open 22 children have passed through. Of these five have needed further treatment at a senior school for maladjusted children, two were admitted to a residential E.S.N. school and five have gone to normal boarding schools. Ten were able to return home and attend ordinary day schools.

Several children have shown dramatic progress in their work and general adjustment after two years residence in the school. With the passage of time a growing nucleus has formed of more stabilised children, and it was found that such a nucleus has a most beneficial effect on the children newly admitted to the school, who settle much more readily when they find themselves in the society of a group of children who have already achieved a certain degree of emotional balance. New arrivals tend to identify themselves with the already settled pupils and in this way the children themselves exert some therapeutic influence on each other.

Despite the gratifying results which can be observed in the school, and the fact that many of the children become relatively well adjusted in the school surroundings, it has to be remembered that these children come to the school in a maladjusted state and this maladjustment was in many cases due to unhappy, rejecting homes and that these homes are often unmodifiable. It follows that if the good results are to be maintained it will often be necessary for these children to proceed to a senior school for maladjusted pupils, since if they return home when they reach the age of 11 years, they are more likely to relapse into maladjustment. Further provision of such senior schools or hostels is urgently needed.

The satisfactory results to which I refer would have been impossible were it not for the skill and enthusiasm of Mr. Sheward and his staff to which I wish once more to pay tribute."

HEALTH EDUCATION. The continued growth of the school population in this Division precludes the School Nurses from devoting a great deal of time to this very important subject, and the most that can be done is to give a short talk to parents at school medical inspections, and at secondary schools, to the pupils. Head Teachers have been notified that invitations for School Medical Officers or School Nurses to give talks to Parent/Teacher Associations and to senior pupils would be welcomed, but few have responded.

During the year, talks were given to five Parent/Teacher Associations, two of them at schools in Harlow New Town.

ROMFORD DIVISION.

Dr. J. B. Samson writes :—

SCHOOL PREMISES. There are now in the district, 26 County, Voluntary, or Assisted Schools, comprising 40 Departments. New schools continue to be built, and there are still more to follow.

At the end of the year, the number of children on roll was given as 18,841, an increase of 1,383 on the number for the corresponding period last year.

Works of maintenance and improvements have been carried out, not, perhaps to the extent desired, but in conformity with the financial position which imposes limitations.

MINOR AILMENTS. The School Nurses attend regularly at clinics for the purpose of dealing with minor ailments. There are also medical sessions, when the School Medical Officers are in attendance. At the medical sessions, children are also examined, prior to convalescence, prior to partaking in pantomimes, and prior to employment, whilst still at school. Examinations also take place before boxing shows.

There is very close co-operation in this field with the Family Practitioners and with the Consultant Service of the Regional Hospital Board and each is kept aware of the medical findings of the other. This involves a great deal of clerical work, but the end result is fully justified.

VERMINOUS CONDITIONS. These are not now of serious concern, as a very small proportion of the school population is found to be infested. During the year, however, it was necessary to carry out compulsory cleansing of two children, as unsatisfactory action had been taken on preliminary notices.

HANDICAPPED PUPILS. Ascertainment has continued as a routine measure. Recommendations depend on the nature and degree of the handicap, and these are various. As in the past, we have had the best of co-operation from Head Teachers and their staffs and we always do our utmost to obtain full parental co-operation. This is nearly always immediately forthcoming—if not, we persevere until we have obtained this very necessary support. This support from parents is perhaps more important in the case of maladjusted children, because child guidance is of no avail, unless guidance is also given to the parents, who, not infrequently, are the basic cause of the maladjustment.

BARKING DIVISION.

Dr. D. E. Cullington writes :—

ORTHOPTIC CLINIC. The Orthoptic Clinic has continued to operate at the Central Health Services Clinic under the supervision of a Consulting Ophthalmic Specialist.

The Orthoptist treated 232 school children and total attendances at the Orthoptic Clinic during 1954 were 1,610.

FAIRCROSS SPECIAL SCHOOL.

(a) *Educationally Sub-Normal Section.* Number in attendance at the end of 1954 :—

108 (this figure includes 73 children from Dagenham, Ilford and Romford)

All 16 children who left this section during the year on ceasing to be of compulsory school age (9 Barking children and 7 out-of-district children) were recommended under Section 57 (5) of the Education Act, 1944, for supervision by the Local Health Authority.

(b) *Open Air and Physically Handicapped Section.* Number in attendance at the end of 1954 :—

75 (this figure includes 40 children from Dagenham, East Ham and Romford)

ORAL HYGIENIST. During 1954 the Oral Hygienist gave 2,178 treatments to school children and in addition to instructing children in the care of teeth at the time of these treatments she gave several talks to groups of children at school.

HEALTH EDUCATION IN SCHOOLS. During the year talks were given to school children by Health Visitors, with the assistance at times of the film projector.

DAGENHAM DIVISION.

Dr. H. D. H. Robinson writes :—

DAGENHAM HEATHWAY SPECIAL SCHOOL. This is a Day Special School for educationally sub-normal and physically handicapped pupils.

The educationally sub-normal children are those who after having mental tests, have been referred to the special classes in this school for education in a special curriculum and by special methods. The waiting list for this section of the school is now 113.

On the 31st December, 1954, there were 61 physically handicapped and 134 educationally sub-normal children (of whom 15 are also physically handicapped).

Thirty children suffer from paralysis of various types. Of these, eight have flaccid paresis and sixteen spastic paresis.

There is a waiting list of ten physically handicapped children.

Many physically handicapped children who have been referred to the special school are now able to leave and go back to the ordinary school, owing to the new methods of treatment and new lines of approach instituted in recent years. This applies particularly to certain heart conditions and paralytic disorders. There is considerable room for improvement on our approach to the latter group. There would, however, appear to be some hope that in the near future, this improvement will be forthcoming.

The Youth Employment Officers have attended the school regularly at the end of each term to advise parents regarding the future of these children.

ILFORD DIVISION.

Dr. I. Gordon writes :—

HEALTH EDUCATION IN SCHOOLS. Arrangements have been made for the Oral Hygienist at Leyton to give Dental Health Lectures to the Senior Pupils at the schools in Ilford.

MINOR ORTHOPAEDIC DEFECTS. One of the School Medical Officers has under supervision and attends weekly one of the following Clinics conducted by the Physiotherapist :—

Exercises

Massage

Sunlight

The doctor supervising these Clinics attended the Seminar on Foot Health in London arranged by the Central Council for Health Education in February, 1954.

ORTHOPAEDIC CLINIC. The Orthopaedic Surgeon makes the following report :—

"The orthopaedic clinics were running very smoothly during the year 1954. The appointments system worked well and attendances were at a satisfactory level. The Physiotherapist resigned, after only one year's service, but was instrumental in securing a successor who could take over immediately.

During the year, several small items of equipment were purchased for the Newbury Hall Clinic. X-ray investigations were again done at King George Hospital, Ilford, while operative treatment was carried out at East Ham Memorial Hospital. Admission there presented no difficulties for children under twelve but for those aged twelve and over, who have had to go to an adults' ward, there is unfortunately a long waiting list.

Surgical appliances were again provided by Messrs. Pryor and Howard, alterations to footwear were done by Remploy Ltd. Many parents, however, preferred to have these done at their own expense by a local cobbler because this caused them less loss of time.

I wish to thank all those concerned in the running of these clinics for their valuable help and kind co-operation."

OPEN AIR SCHOOL. During 1954 the number of children on roll varied from 110 on 31-12-53 to 108 on 31-12-54. The number of admissions was 35 and of discharges 37. Only three children were admitted for debility with no other defect, and the trend towards a school for physically handicapped children, as opposed to an open air school is again emphasised. This has been recognised by the recent installation of heating throughout the school.

The general work of the school has continued along previous lines and there has again been the closest co-operation between teaching and medical staff.

The Spastic Class continued along previous lines and provided accommodation for nine children. In addition, one boy was in the grammar school group and four were in the ordinary classes of the school, making a total of 14 altogether.

One child aged five years is awaiting a vacancy in the Spastic Class. During the year a start has been made in recommending admissions to the new Spastic Unit which, it is hoped, will soon be opened. So far seven children have been so recommended and neighbouring boroughs have been asked to submit the names of suitable children for vetting with a view to admission when the times comes.

Six children received artificial sunlight treatment during the year. The provision of extra milk and cod liver oil and malt continues and children with lung diseases were given daily deep breathing exercises.

ENURESIS CLINIC. The School Medical Officer in charge of this Clinic makes the following report for the twelve months ended 31st December, 1954 :—

“ The Clinic continues to be held at the Public Health Offices, Emerson Road, on Wednesday mornings and attendances have continued to be fairly good.

Appointment List. During the twelve months ended December 31st 1954, there have been 77 new cases made up as follows :—

Recommended by	Under 5 yrs.		Over 5 yrs.		Total
	Boys	Girls	Boys	Girls	
Parents	—	2	7	—	9
Private Practitioners	2	—	3	1	6
Infant Welfare Medical Officers	2	4	—	—	6
School Medical Officers	—	—	30	18	48
Health Visitors	2	—	4	—	6
D.S.M.O., Barking	—	—	1	—	1
Speech Therapist	—	—	1	—	1
	6	6	46	19	77
Total attendances—Old and New Cases					420
Number of sessions					32

Procedure. At each clinic the original procedure has been adhered to and is as follows :—

- (a) *Examination of urine* is carried out by Health Visitor (for sugar, albumin, reaction and specific gravity).
- (b) *History of enuresis* is taken (including that of any relevant illnesses).
- (c) *Physical examination.* This has sometimes been left until the second interview if the child has been particularly nervous or ill at ease.
- (d) The *approachability* of the child and parent is noted.
- (e) *General advice* to the child and parent is given and in particular, discussion is directed towards individual problems. At these interviews, more time is spent talking to the child and gaining his or her confidence, than in talking to the parent. It has been noted also that suggestions given to the child have often been acted upon more faithfully than when more general advice has been given to the mother. The mother has invariably been a very attentive listener and has more easily caught the atmosphere intended.
- (f) *Charting* of all dry nights is explained by use of pencil and paper for older children and by the use of gummed coloured paper shapes for younger children.
- (g) *Medicinal treatment* is issued or prescribed.

Analysis of results.

				1954 Cases.
(i)	No enuresis	..	..	32 = 41.6%
(ii)	Very marked improvement (less than 5 wet in 28 nights)	..	..	4
(iii)	Marked improvement (less than 14 wet in 28 nights)	..	..	15
(iv)	Some improvement (more than 14 wet in 28 nights)..	..	..	11
(v)	No improvement	..	..	7
(vi)	Not yet re-attended	..	..	8
				<hr/> 77

(vii) Of the cases referred to the clinic during 1953 and who were still receiving treatment in 1954, a further 30 cases were discharged with no enuresis

Further analysis and comparison of cases—

	1954.		1953.		1952.	
	Number	% of total	Number	% of total	Number	% of total
No enuresis : boys ..	21	27.3	23	24	21	14
No enuresis : girls..	11	14.3	6	6	13	8
Average age of boys..	10 years		8.6 years		7 years	
Average age of girls ..	7 years		7 years		9 years	
Average number of visits (made by girls and boys until discharged with no enuresis)	3.5		4		4	

Conclusions. The cases which have been slow to improve have fallen into five main groups, namely :—

- (a) Those with some frustration either at home or at school.
- (b) Overcrowding in the home—often resulting in two or three children sleeping in one bed.
- (c) Mismanagement by one or both parents.
- (d) Those with some physical defect.
- (e) Backward children.

In those children where it has been possible to show frustration either at home or at school, the mother has usually been glad to consult the Child Guidance Clinic ; in other cases, the co-operation of the School Head Teacher has been readily obtained.

The home background is invariably important in the etiology of intractable cases, and where it has been possible to alter environment or circumstance, again there has often been a corresponding improvement in the child's enuretic condition.

In an enuretic ' only child ', ' over-mothering ' has been found to be a frequent cause.

There still remain the few cases in which the etiology has remained obscure and treatment has not helped—in these cases one can only presume

there to be some autonomic disharmony or an infantile type of bladder. The six year old child has proved to be the most approachable and amenable to treatment in this series of cases, possibly because the feeling of 'shame', so often found in older children, has not yet become manifest.

The early waking routine for the Pre-waking Enuretic has been continued.

A number of cases have failed to re-attend the clinic and on subsequent questioning have been found to be no longer enuretic, but on the whole, the attitudes of both parents and children have continued to be of interest and co-operation.

Considerable interest in the running of the Enuresis Clinic has been shown by another Borough within the County and also by the University Health Centre of the Manchester University and the Berkshire Child Guidance Clinic."

SCHOOL DENTAL SERVICE. The Senior Dental Officer reports as follows :—

"During 1954 the dental facilities for school children increased steadily. At the beginning of the year there were only the equivalent of 1 10/11th full-time dental officers. By the end of December, 1954, there were 11 part-time dental officers and myself (full-time), which made the equivalent full-time officers 3 8/11th employed on school dental work. In addition, I carried out Maternity and Child Welfare dental service.

Full dental treatment was given to school children, nursing and expectant mothers and children under five years of age. This treatment consisted of conservative dentistry in all branches, extractions which were mainly carried out under general anæsthesia, orthodontics and the supplying of dentures when necessary.

With the increased number of officers it was possible to see more children at school dental inspections and by the end of the year more than twice the number of children had been seen at school than in 1953.

In 1954 a form of emergency treatment was started at Mayesbrook Clinic when on two mornings a week any child can attend from any school in Ilford without an appointment and receive emergency treatment. This has saved many children waiting with toothache having to attend the school clinic and then a further delay whilst a dental appointment is sent to them.

X-ray facilities are available at Mayesbrook Clinic for patients attending either Valentines or Mayesbrook Dental Clinics. Manford Way Clinic has a separate x-ray unit."

LEYTON DIVISION.

Dr. A. W. Forrest writes :—

HARROW GREEN SPECIAL SCHOOL. A very comprehensive survey on the work of this Day Special School for Educationally Sub-Normal Children was given in the report for 1952. The following are the details of admissions to and removals from the school during the year 1954 :—

			Leyton	Forest	Total
Number on Roll	.. ..	..	88	60	148
Number admitted 1954	.. ..	..	14	8	22
Number left 1954	.. ..	..	16	8	24

Reasons for leaving.	Leyton.	Forest.
(1) Attained age of 16 years and		
(a) Notified under Section 57 (5)	8 ..	3
(b) Not requiring supervision	3 ..	1
(c) Notification not proceeded with	— ..	1
(2) Number returning to Secondary Modern School	3 ..	—
(3) Notified as ineducable after trial	— ..	1
(4) Removed to another area	2 ..	1
(5) Notified as unsuitable for education in mixed school and recommended residential E.S.N. ...	— ..	1
Children admitted on trial as "borderline ineducable"	2 ..	4

The following report is provided by the Medical Officer in charge :—

" Children attending an E.S.N. school do tend to suffer from physical handicaps more than other scholars and there is at present rather a preponderance of children with one particular handicap—epilepsy.

Nine children under active treatment for major epilepsy; one had been clear for five years, but had one slight recurrence recently and has resumed treatment. Another, a girl of twelve years, has just recently developed the disability.

One boy is considered to be cured; three cases of minor epilepsy are probably cured; and a boy considered as cured of ' petit mal ' has recently had a recurrence of attacks and is under hospital care.

Hearing Defects. One girl and one boy have each a hearing aid. There is doubt about the latter child as to his educability and he is in school on trial.

Six children with recurrent attacks of deafness of minor degree, have special places in class and have treatment when required. Eight children are under observation for possible hearing difficulties.

Children with Eye Defects. One girl and one boy have a special position in class as their eyesight is poor and glasses cannot improve the vision.

Twenty-four children wear glasses and six others are under observation for defective eyesight.

Heart Lesions. Three children have congenital heart lesions, of whom two suffer no handicap, but one must not over-exert himself. None are suitable for surgical operation.

Progress. The great majority of children are making progress. Eight are on trial as to their suitability for education in an E.S.N. school. One child (a Mongolian) is awaiting transfer to an Occupation Centre.

One boy is awaiting admission to a residential E.S.N. school because of poor home circumstances.

Several boys are making very good progress and may be able to return to an ordinary school after a further stay at the school.

Three girls in the junior age group may be able to go back to a junior school.

Three boys, because of social and behaviour problems, are under consideration for transfer to a residential E.S.N. school.

One boy is under treatment for a speech defect and may ultimately be transferred to Moor House School for speech difficulties."

KNOTTS GREEN OPEN AIR SCHOOL. A very comprehensive survey on the work of this Special School was also provided in the report for 1952. The following are the details of admissions and removals relating to this school during 1954 :—

Removals from Roll—

Attained the age of 15 years	2
Found fit to return to ordinary school (1 Forest, 19 Leyton)	20
Transferred to a school for educationally sub-normal children	4
Removed to other areas (1 Forest)	1
	— 27

Admitted to the Roll—

Delicate (2 Forest, 6 Leyton)	8
Physically handicapped (2 Leyton)	2
Maladjusted (1 Forest)	1
	— 11

At the end of the year there were 38 children on the roll.

ORTHOPTIC CLINIC. The special orthoptic clinic for children suffering from squint is held at Leyton Green Clinic on five sessions per week—Tuesday (morning), Wednesday and Friday (all day). As the Consultant Ophthalmic Surgeon holds special ophthalmic clinic sessions in the same building at the same time on Wednesday (all day) and Friday (morning), there is close co-operation between the Eye Specialist and the Orthoptist.

Cases of squint requiring operation are referred to the Ophthalmic Surgeon at Whipps Cross Hospital; and by virtue of the fact that the Orthoptist also acts as Orthoptist at Whipps Cross Hospital, there is close liaison between the two Departments and arrangements can be made with the minimum of delay for the treatment of cases requiring surgical operations.

Report for 1954—

Number of sessions held	242
Number of cases investigated	447
Number of cases treated	410
Number of new cases seen	145
Number of cases discharged cured—	
After operation	15
Without operation	30
	— 45
Number still under treatment	230
Number under observation	130
Number failing to attend for complete course	2
Number discharged unsuccessful	—
Number transferred to other clinics	3
Total number of attendances for the year	1,751

SCHOOL DENTAL SERVICE. The Senior Dental Officer reports as follows :—

“ While appreciating that the work done by the temporary part-time dentists has been invaluable, and of a high standard, one would like to be able to report that full-time dentists have been recruited who wish to make the study and practice of children's dentistry their life's work. Such permanence is to the advantage of both dentist and patient, the former finding a greater interest by seeing and being responsible for the same patients year after year, and the latter by knowing that the same dentist with whom he/she has become conversant will be there to see him/her again.

The school population to be inspected and treated where necessary is now about 13,900, compared with approximately 12,000 before the war, when there were three full-time dentists and the school leaving age was 14 years instead of 15 years as at present.

Five of the schools in the Area have been inspected and treated during the year, but any child who has been a regular patient in years past has been seen and treated on application for appointment.

In addition, all children with toothache or children referred by school doctors, general medical practitioners or school teachers have been seen and treated.

Oral Hygienist. The oral hygienist has continued to devote 7/11ths of her time to Leyton, and the remainder to Walthamstow.

As has been previously reported, the incidence of tartar deposit on the teeth of school children is not sufficiently high to enable dental surgeons working in the Area to find sufficient of this work to occupy an oral hygienist full-time ; but the importance of her work, from the point of view of instruction to children on matters of oral hygiene, cannot be overstated.

The young patients are brought up to look on visits to the dental surgery as a normal part of school life ; they are taught to value and look after their teeth, and much of the ‘ spade work ’ of introducing the child to dentistry is done by the hygienist. All this results in more co-operative patients for conservative dental work at a later date.

It has been noticed that many of these patients request re-appointments at regular intervals for a check up without being approached in any way by the clinic staff.

Orthodontic Treatment. This work continues to be much appreciated by parents and the one special session a week devoted to it is well attended.

The main difficulty, as in any under-staffed dental scheme, is to be certain that too much time is not devoted to this work to the detriment of conservative dental surgery. A certain amount of selection of cases is therefore justified in order (a) to ensure that the maximum amount of benefit is obtained for the time expended on the work ; (b) to undertake the treatment of only such pupils as can have the dental work brought to a successful conclusion before school leaving age ; and (c) to avoid undertaking orthodontic work for known bad attenders or where there is the slightest lack of appreciation for the work.

Items of work under this heading for which no provision is made in Table IV are :—

Impressions taken	108	Advice and adjustment	
New appliances fitted	35	of appliances	363
Attendances for treatment ..	365	X-rays	22
Finished cases	29,”		

WALTHAMSTOW DIVISION.

Dr. A. T. W. Powell writes :—

HEALTH EDUCATION IN SCHOOLS. (a) *Nursing Exhibition.* During October a mobile Nursing Exhibition, provided by the London Appointments Office of the Ministry of Labour, visited four schools in the area and was attended by parties from other schools.

A talk on "Nursing as a Career" was given to the parents of girls interested in the profession at Blackhorse Road Secondary Girls' School in June. Miss Williams, Headmistress, kindly made all arrangements and the Superintendent Health Visitor gave the talk.

There was a good attendance and marked interest was shown by the audience. Many questions were answered after the talk.

(b) *Mothercraft Lectures.* A series of 12 lectures on Mothercraft has been started at certain Secondary Schools to girls in their last year, and these are given by the Health Visitor/School Nurse. Up to the present they have been held at Markhouse Road and Sidney Burnell Schools.

(c) *School Health Service.* Two talks on Child Health were given to Parents Association meetings.

(d) *Good Grooming.* Fifteen lectures on good grooming were given at schools during the year.

(e) *Pre-Nursing Course.* A Pre-Nursing Course at the William Morris Technical School was recognised during 1954.

DAY SPECIAL SCHOOLS. (a) *School for the Deaf.* The Headmistress reports as follows :—

"The year began with forty children on the roll.

In May, the Ear, Nose and Throat Specialist and the Audiometrician tested children with the new Mark III Medresco Hearing Aid. They recommended the issue of Mark III aids to children who wore their aids regularly and derived benefit from them. This has since been done.

During May a full medical inspection was carried out.

During the summer the school took part in both Junior and Senior Sports Days, with credit.

In October, the usual annual examination was carried out.

The general health of the pupils throughout the year has not been so good as in previous years. Catarrhal colds have been prevalent and respiratory complaints generally have caused much more absence than ever before.

A girl was transferred from this School to Churchfields Primary School in September. She came to us two years ago with only rudimentary speech and no lip-reading ability and she could not read, write or count. In two years she has learned to speak clearly, read fluently and to write clearly expressed English composition, and has reached the normal standard for her age in arithmetic. We are glad to hear that, in a class of hearing children of her own age she was second and had one mark less than the boy who took first place.

One boy and one girl left school at the end of the year—the girl to do dressmaking and the boy shoe repairing. Both are happy in their work.

The number on roll at the end of December was 45. Only nine children are from Walthamstow and 36 from other districts.

The totally deaf number 20 and the other 25 are either partially deaf or with at least some (if little) residual hearing."

(b) *School for the Partially Sighted.* The Headmaster reports as follows :—

"There were 46 children on roll at the end of the year. Of these 8 came from Walthamstow, 20 from other Boroughs and Divisions in Essex, comprising Barking, Dagenham, Forest, Ilford, Leyton, Romford and South-East Essex, and also 18 out-County children from the Middlesex Boroughs of Edmonton, Enfield, Hornsey, Tottenham and Wood Green.

At the special ophthalmic sessions held at the school in December, it was found that 15 children had Visual Acuity (Snellen) after correction of 6/18 or more, 4 children acuity of 6/24, 8 with 6/36 and 18 children visual acuity of 6/60 or less. Three children were certified as blind and are now awaiting transfer to schools for the blind and two children were recommended for transfer to ordinary schools.

As in previous years the specialist ophthalmic medical supervision of the children has been well maintained and the ophthalmic specialist made two visits for the purposes of ophthalmic examinations and has given much helpful advice. The medical staff of the Eye Clinic has also made regular ophthalmic examinations of all children in the school and their very ready and willing help has been much appreciated. In February a full medical inspection of each child was undertaken and in addition, each school leaver and certain selected children have been seen. There has also been one session for diphtheria immunisation. The School Nurse has made regular visits for head and foot and general welfare supervision and the Health Visitors have made home visits in certain difficult cases.

The Educational Psychologist has visited the school on three occasions for the purpose of testing and a Psychological Research Worker of the University of Birmingham Institute of Education made two visits to test all children of sight 6/60 or less.

On the educational work, the practice of sending the senior girls to the Domestic Science Centre at Hale End has continued and now the Senior Boys have commenced woodwork at Hale End on one session per week. During the summer term parties of children from the school made regular visits to the Jubilee (Open Air) Retreat, Chingford.

Three pupils left school for employment and all were interviewed by the Youth Employment Officer, each one being satisfactorily placed in industry.

As in previous years there have been many visitors to the school including medical students, health visitors; Training College students, teachers and a visitor from Germany.

At the end of the summer term an Assistant Teacher left to undertake a long visit to Australia, and was replaced.

I have to acknowledge my very deep appreciation of the efforts of the teaching and welfare staff on behalf of these handicapped children.

During the year the average number on roll was 46.3 with an average attendance of 40.12."

(c) *School for the Physically Handicapped.* The Headmaster reports as follows :—

“ The work of the school is influenced to a large extent by the weather and particularly so by adverse weather. In this respect 1954 will rank as a very indifferent year. The buildings are designed to take maximum advantage of sunshine and are not well fitted for inclement weather conditions. During a very cold January spell the attendance dropped to under 50 per cent. and throughout the year the poor sunshine record was reflected in a lower standard of general health and bad attendances. On many days even in the summer it was necessary to keep all classrooms closed.

From May to September Classes 1 and 2 went regularly to the Forest Centre at the Jubilee Retreat, Chingford, but they were confined to the buildings for the greater part of the period.

Throughout the year a selected party of more seriously crippled children has been attending the South-West Essex Technical College swimming bath, where much useful hydrotherapy has been given. Several of these children have gained swimming certificates.

The school continued the practice of former years in opening during the summer holidays when a voluntary attendance of over 90 per cent. was maintained.

Visitors to the school during the year included students from training colleges for teachers, student health visitors, “ Queen’s ” district nurse trainees, doctors, Her Majesty’s inspectors and three teachers from Germany.

The Educational Psychologist made five visits to the school to see selected children and has given much helpful advice. The Youth Employment Officer visited three times to interview school leavers, of whom two were found to be unemployable and the remaining five have been satisfactorily placed in employment.

Of 34 children who were taken off roll during the year, seven left as being over statutory age, eighteen were transferred to ordinary schools, four were transferred to residential schools and five were admitted to hospital. Twenty-nine children were admitted during the year including five re-admissions.

A School Medical Officer made regular weekly visits to the school and has taken an active interest in all departments. Each child has been medically examined at least three times per term and several have had weekly supervision. During the summer term several pupils who had been discharged during the previous year were recalled for medical examination as a follow-up.

A total of 1,704 minor treatments have been given in the school. The children on roll at the end of the year were classified as follows :—

Delicate (Ministry of Education category j)	..	..	35
Physically Handicapped (Ministry of Education category h)	..	..	40
Epileptic (Ministry of Education category f)	..	..	5

80

The average number on roll during the year was 75.5 with an average daily attendance of 59.41.

I must again put on record my appreciation of all my colleagues on the staff, teaching, nursing, welfare, domestic and transport, for their valued co-operation in the work of the school.”

(d) *School for the Educationally Sub-Normal.* The Headmistress reports as follows :—

" Since the appointment of an infant teacher the number on the school roll has been raised to approximately 82.

There have been one or two staff changes during the year. One master has been granted twelve months' leave of absence in order to attend the E.S.N. Diploma course at London University. A woman teacher took his place. A part-time teacher of handicrafts was appointed.

Despite these changes, the teacher-child relationship is excellent.

My grateful thanks are due to the staff for their efficient team work.

One week's extra vacation was granted last summer so that all staff could attend the Special Schools' Biennial Conference at Clacton-on-Sea.

The health of the children has been good throughout the year."

SCARLET FEVER AND STREPTOCOCCAL TONSILLITIS AT AN INFANTS' SCHOOL.
Although the scarlet fever incidence in the Borough of Walthamstow was considerably less in 1954 than in 1953, i.e. 187 cases against 289, a very troublesome outbreak occurred at an infants' school during the autumn term.

The weekly incidence was as follows :—

11th September..	..	4	6th November ..	..	Nil
18th " "	..	Nil	13th " "	..	1
25th " "	..	3	20th " "	..	1
2nd October ..	..	6	27th " "	..	Nil
9th " "	..	6	4th December ..	..	1
16th " "	..	3	11th " "	..	1
23rd " "	..	Nil	18th " "	..	1
30th " "	..	Nil	25th " "	..	Nil

This modern infant school, with accommodation for 240, opened in December, 1953, and comprises six classrooms (each with washbasin) assembly hall, school kitchen and up-to-date sanitary accommodation.

Attention was first drawn to the number of cases of scarlet fever at the end of September and the District Sanitary Inspector and the School Nurse were at once sent to inspect the premises and the children respectively. On the 5th October a member of the medical staff examined the noses, throats and hands of all children in school. Out of 148 children in attendance, 12 with injected fauces were excluded and two " peelers ".

Although twelve children with injected fauces were excluded there were 64 other children who showed some slight injection of their fauces. At a later similar " mass " examination in November there were 47 children out of 147 in attendance with similar injection. As a matter of interest a " control " examination was carried out at a nearby infants' school where there had been no scarlet fever for a considerable time. Here the findings were 51 children with slightly injected fauces out of 163 in attendance, i.e. a very similar percentage. It was concluded, therefore, that slightly injected fauces appeared to be the average winter norm last winter.

A circular letter of advice was sent to the parents of all children. Copies were also sent to doctors practising in the locality with a covering letter. Parents were asked not to send children to school unless quite fit.

After consultation with the medical staff of the Ministry of Health, on the 7th October, a further circular letter was sent to parents intimating that swabs of all children and staff would be taken the following week. As a result 8 heavy nasal carriers were excluded with appropriate instructions to the parents to consult their doctors.

The question of mass prophylaxis was considered but was postponed for further consideration. The organisms were Type 4 streptococci and were sensitive to penicillin and sulphonamide.

Notifications continued and by the 16th October, the total was 22. Since the mid-term closure was approaching, it was extended by a few days and finally included the period 22nd October to 3rd November, i.e. eleven clear days, a period longer than the normal maximum incubation period for scarlet fever.

On resumption on 3rd November, all children in attendance were examined by the medical staff and doubtful cases were excluded. Almost daily medical supervision was given during the whole of this period and exclusion with swabbing was carried out in all doubtful cases.

Individual classes were examined on several occasions and with the approach of Christmas, it was agreed that school festivities be reduced to a minimum and school assemblies discouraged.

Christmas closure was between 17th December and 4th January, i.e. 17 clear days, and it was hoped that in spite of Christmas parties, the outbreak might be terminated. As an added safeguard, a further circular letter was addressed to parents on the 16th December stating that all children in attendance on reassembly in the New Year would be swabbed and "carriers" excluded. Routine disinfection was carried out of the whole school.

As a result of the second mass swabbings, three heavy nasal carriers were excluded.

In spite of these measures, three cases were notified in January, 1955, and two further cases towards the end of March.

The recurrence of cases in 1955 following the Christmas school closure resulted in the arrangement of a conference in January between the medical staff of the Ministry, the Medical Officers of the Laboratory Service and the local medical staff. The whole position was reviewed and the school was visited and as a result, the seating of the children was rearranged and the need for adequate cross ventilation of classrooms was emphasised to the staff.

Extreme mildness has been typical of the whole outbreak and no serious cases are known to have occurred. In consequence, some parents have been very lax in sending unfit children to school in spite of warnings by circular letters.

At no time has a case been found among the staff, and school dinners and school milk have not been suspect.

This continued outbreak appears to have been due to persistent "carriers" in a non-immunised infant group linked with frequent carelessness in sending unwell children to school.

Apart from the two mass swabbings, a total of 267 swabs were taken from September to December and 192 since the beginning of January in connection with this school outbreak alone.

No record of this outbreak would be complete without an expression of thanks to the medical staff of the Ministry of Health and to Drs. Tomlinson and Marsh of the Public Health Laboratory Service.

ORAL HYGIENIST. The Senior Dental Officer reports as follows :—

"As has been mentioned previously, there has been little necessity for scaling and polishing of teeth among school children but the Oral Hygienist has been very usefully and successfully employed in giving talks on dental hygiene to the schools. These talks have been illustrated by films supplied by the Dental Board and have resulted in an ever increasing interest in dental health of both children and their parents. These latter just will not wait for a routine dental inspection before requesting an appointment."

NURSERY SCHOOL. Report of Headmistress :—

"There is nothing outstanding to report. The children's health was very good apart from an outbreak of measles which occurred during the last weeks of the Christmas term."

APPENDIX II.

Minor Ailment Clinics.

NORTH-EAST ESSEX DIVISION.

School Clinic, Trinity Street, Colchester	..	Mondays to Fridays p.m.	
Essex County Health Services Clinic, 38, Main Road, Harwich	.. ..	Tuesdays and Fridays a.m.	
Essex County Health Services Clinic, 15, Head Street, Halstead	.. ..	Wednesdays a.m.	
Sible Hedingham Secondary School, Sible Hedingham	.. .. .	Thursdays a.m. (during school term)	
Essex County Health Services Clinic, Skelmersdale Road, Clacton-on-Sea	.. ..	Mondays p.m.	
New Church Schoolroom, Brightlingsea	..	Wednesdays p.m.	} In conjunction with C.W.C.'s
Great Bentley School, Great Bentley	..	4th Tuesday p.m.	

MID-ESSEX DIVISION.

Essex County Health Services Clinic, Coggeshall Road, Braintree	.. ..	Tuesdays 10. 0 a.m.	
Essex County Health Services Clinic, Crouch Road, Burnham-on-Crouch	.. ..	2nd Monday 10.0 a.m.	
Essex County Health Services Clinic, Coval Lane, Chelmsford	.. ..	Fridays 10.0 a.m.	
Moulsham School, Princes Road, Chelmsford		Thursdays 9.30 a.m.	
Essex County Health Services Clinic, Wantz Chase, Maldon	.. ..	Fridays 10.0 a.m.	
Congregational Church Hall, Ongar	..	2nd and 4th Thursday 2.0 p.m.	
Essex County Health Services Clinic, 69, High Street, Saffron Walden	..	Fridays 10.0 a.m.	
Central Hall, Stansted	.. ..	1st, 3rd and 5th Wednesday 2.15 p.m.	
Essex County Health Services Clinic, Guithavon Street, Witham	.. ..	1st and 3rd Thursday 9.30 a.m.	
Essex County Health Services Clinic, 47, Stortford Road, Dunmow	.. ..	2nd, 4th and 5th Fridays 9.30 a.m.	

SOUTH-EAST ESSEX DIVISION.

Village Hall, Great Wakering	Wednesdays a.m.
Essex County Health Services Clinic, Rocheway, Rochford	Wednesdays a.m.
Essex County Health Services Clinic, Eastwood Road, Rayleigh	Tuesdays a.m.
Essex County Health Services Clinic, Kenneth Road, Thundersley	Tuesdays a.m.
Essex County Health Services Clinic, Neven-don Road, Wickford	Mondays a.m.
Essex County Health Services Clinic, High Road, Pitsea	Mondays a.m.
Essex County Health Services Clinic, Florence Road, Laindon	Fridays a.m.
Essex County Health Services Clinic, Laindon Road, Billericay	Fridays a.m.
Essex County Health Services Clinic, Further-wick Road, Canvey Island	Fridays a.m.
Essex County Health Services Clinic, High Road, South Benfleet	Mondays a.m.
Essex County Health Services Clinic, Timber-log Lane, Basildon	Wednesdays a.m.
Essex County Health Services Clinic, London Road, Hadleigh	Fridays a.m.

SOUTH ESSEX DIVISION.

Essex County Health Services Clinic, 39, Queen's Road, Brentwood	Wednesdays a.m.
Essex County Health Services Clinic, West-land Avenue, Hornchurch	Tuesdays and Thursdays a.m.
Essex County Health Services Clinic, Abbs Cross Lane, Hornchurch	Thursdays a.m.
Essex County Health Services Clinic, 61, Athelstan Road, Harold Wood	Fridays a.m.
Essex County Health Services Clinic, Up-minster Road, Rainham	Mondays and Thursdays a.m.
Essex County Health Services Clinic, Wind-mill Hall, Upminster	Wednesdays p.m.
Essex County Health Services Clinic, Glasson House, High Street, Grays	Wednesdays a.m.
Essex County Health Services Clinic, Old Newton Road, Tilbury	Tuesdays and Fridays a.m.

SOUTH ESSEX DIVISION—*continued*.

St. Margaret's Hall, Corringham Road, Stanford-le-Hope	Mondays and Thursdays a.m.
Congregational Hall, North Road, South Ockendon, near Grays	Mondays a.m.
Essex County Health Services Clinic, Stifford Long Lane, Grays	Thursdays a.m.
Aveley Belhus Park, J.M. School, Stifford Road, Aveley	Wednesdays a.m.
Essex County Health Services Clinic, Chad- well St. Mary	Tuesdays a.m.
28/30, Annalee Road, L.C.C. Estate, South Ockendon, Romford	Fridays a.m.
Essex County Health Services Clinic, South End Road, Rainham	Mondays and Thursdays a.m.
Aveley Village Clinic, Old School House Buildings	2nd and 4th Fridays a.m.
Essex County Health Services Clinic, London Road, Purfleet	Wednesdays p.m.

FOREST DIVISION.

Essex County Health Services Clinic, Manford Way, Chigwell	Thursdays a.m.
Essex County Health Services Clinic, Hatch Lane, Chingford	1st, 2nd and 4th Monday p.m.
Essex County Health Services Clinic, Marmion Avenue, Chingford	Mondays a.m.
Essex County Health Services Clinic, 15, Regent Road, Epping	Thursdays 1.30-2.30 p.m.
Haygarth House, 120/121, The Chantry, Mark Hall, Harlow	2nd and 4th Friday 10.30-11.30 a.m.
Essex County Health Services Clinic, Lough- ton Hall, Rectory Lane, Loughton ..	Thursdays a.m.
Essex County Health Services Clinic, The Cedars, Sewardstone Road, Waltham Abbey	2nd and 4th Tuesday 9.30-11 a.m.
Essex County Health Services Clinic, 93, High Road, South Woodford	Fridays a.m.

ROMFORD.

Essex County Health Services Clinic, Hulse Avenue, Collier Row	Mondays a.m.
Havering Road School	Thursdays a.m.
Straight Road School	Tuesdays a.m.
Essex County Health Services Clinic, Marks Road	Saturdays a.m.
Harold Hill Health Centre, Gooshays Drive, Harold Hill	Mondays a.m.

BARKING.

Essex County Health Services Clinic, Vicarage Drive, Ripple Road, Barking	Each morning
Essex County Health Services Clinic, Porters Avenue, Dagenham	Each morning
Essex County Health Services Clinic, Woodward Road, Dagenham	Each morning
Essex County Health Services Clinic, Upney Lane, Barking	Each morning

DAGENHAM.

Five Elms School	Mondays p.m. and Fridays a.m.
Essex County Health Services Clinic, Becontree Avenue	Mondays a.m. and Thursdays p.m.
Fanshawe School	Mondays a.m.
Heathway Special School	Thursdays a.m.
Hunters Hall School	Tuesdays 10 a.m.
John Perry School	Tuesdays 11 a.m.
Essex County Health Services Clinic, Ballards Road	Tuesdays p.m.
Essex County Health Services Clinic, Ashton Gardens, Chadwell Heath	Tuesdays a.m.
Essex County Health Services Clinic, Ford Road	Thursdays and Fridays p.m.
Kings Wood School, Harbourn Road, Hainault	Tuesdays a.m.

ILFORD.

Newbury Hall, Perryman's Farm Road, Newbury Park	Tuesdays and Fridays a.m.
Essex County Health Services Clinic, Goodmayes Lane, Goodmayes	Wednesdays and Fridays a.m.

Table II

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31ST DECEMBER, 1954

Defect Code No.	Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of defects		No. of defects	
		Requiring treatment (2)	Requiring to be kept under obser- vation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under obser- vation, but not requiring treatment (5)
4	Skin	1,229	944	3,132	220
5	Eyes—				
	(a) Vision	3,257	2,354	1,146	420
	(b) Squint	497	406	107	51
	(c) Other	267	318	874	122
6	Ears—				
	(a) Hearing	257	581	241	97
	(b) Otitis Media ..	168	405	151	54
	(c) Other	236	301	385	35
7	Nose or Throat ..	1,537	4,020	1,326	532
8	Speech	304	493	372	153
9	Cervical Glands ..	159	1,392	94	117
10	Heart and Circulation	188	816	117	65
11	Lungs	376	1,432	283	176
12	Developmental—				
	(a) Hernia	77	197	9	10
	(b) Other	200	797	109	75
13	Orthopædic—				
	(a) Posture	803	722	112	36
	(b) Flat Foot	1,256	1,029	199	89
	(c) Other	1,207	1,799	1,121	267
14	Nervous System—				
	(a) Epilepsy	24	105	14	17
	(b) Other	85	272	207	73
15	Psychological—				
	(a) Development ..	85	302	115	80
	(b) Stability	173	695	158	95
16	Other	1,428	753	5,409	1,152

**B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED
DURING THE YEAR IN THE AGE GROUPS**

Age Groups Inspected (1)	Number of Pupils Inspected (2)	A (Good)		B (Fair)		C (Poor)	
		No. (3)	% of Col. (2) (4)	No. (5)	% of Col. (2) (6)	No. (7)	% of Col. (2) (8)
5 years	29,624	17,329	58.5	11,938	40.3	357	1.2
10-12 (plus) years ..	23,220	14,130	60.9	8,851	38.1	239	1.0
14 years	18,099	10,708	59.2	7,253	40.1	138	0.8
Additional Periodic Inspections	6,130	4,271	69.7	1,817	29.6	42	0.7
Total	77,073	46,438	60.3	29,859	38.7	776	1.0

Table III

INFESTATION WITH VERMIN

(1) Total number of examinations in the schools by the School Nurses or other authorised persons	595,119
(2) Total number of individual pupils found to be infested ..	2,535
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ..	43
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ..	8

Table IV

TREATMENT TABLES.

Group I.—Diseases of the Skin (excluding Uncleanliness, for which see Table III).

				Number of cases treated or under treatment during the year	
				By the Authority	Otherwise
Ringworm—					
(i) Scalp .. ..	..	..	..	8	2
(ii) Body .. ..	..	..	..	16	20
Scabies .. ..	..	..	..	18	9
Impetigo .. ..	..	..	..	294	32
Other skin diseases ..	..	..	..	4,633	889
Total .. ..	..	..	..	4,969	952

Group 2.—Eye Diseases, Defective Vision and Squint.

					Number of cases dealt with	
					By the Authority.	Otherwise.
External and other, excluding errors of refraction and squint	..	..	..	..	2,033	738
Errors of refraction (including squint)	..	..	..	..	—	14,854
Total	..	..	..	..	2,033	15,592
Number of pupils for whom spectacles were—						
(a) Prescribed	..	..	..	..	—	11,276
(b) Obtained	..	..	..	..	—	9,950
Total	..	..	..	..	—	21,226

Group 3.—Diseases and Defects of Ear, Nose and Throat.

					Number of cases dealt with	
					By the Authority.	Otherwise.
Received operative treatment—						
(a) For diseases of the ear	..	..	..	..	—	35
(b) For adenoids and chronic tonsillitis	..	..	..	..	—	3,891
(c) For other nose and throat conditions	..	..	..	..	—	106
Received other forms of treatment	..	..	..	..	2,145	1,227
Total	..	..	..	..	2,145	5,259

Group 4.—Orthopædic and Postural Defects.

(a) Number treated as in-patients in hospitals	..	328
		By the Authority.
(b) Number treated otherwise, e.g. in clinics or out-patient departments	..	4,920
		Otherwise.

Group 5.—Child Guidance Treatment.

		Number of cases treated	
		In the Authority's Child Guidance Clinics.	Elsewhere.
Number of pupils treated at Child Guidance Clinics	..	645	22

Group 6.—Speech Therapy.

		Number of cases treated	
		By the Authority.	Otherwise.
Number of pupils treated by Speech Therapists	..	2,314	14

Group 7.—Other Treatment Given.

					Number of cases treated	
					By the Authority.	Otherwise.
(a)	Miscellaneous Minor Ailments	..	..	..	22,801	1,040
(b)	Other—					
	Enuresis	..	..	..	154	—
	Heart and Rheumatic diseases	..	..	..	—	242
	Hernias	..	..	..	—	133
	Respiratory diseases	..	..	..	—	232
	Digestive diseases	..	..	..	—	347
	Injuries	..	..	..	—	241
	Other diseases	..	..	..	—	1,479
					<hr/>	<hr/>
	Total	..	..	..	22,955	3,714
					<hr/>	<hr/>

Table V**DENTAL INSPECTION AND TREATMENT.****(1) Number of pupils inspected by the Authority's Dental Officers—**

(a)	At Periodic Inspection	76,718
(b)	As Specials	29,107

Total	105,825
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(2)	Number found to require treatment	72,254
(3)	Number offered treatment	72,254
(4)	Number actually treated	..	..	..	..	44,407
(5)	Attendances made by pupils for treatment	..	..	..	..	128,113

(6) Half-days devoted to—

(a)	Periodic Inspection	1,186
(b)	Treatment	16,492

Total	17,678
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(7) Fillings—

Permanent teeth	54,278
Temporary teeth	25,098

Total	79,376
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(8) Number of teeth filled—

Permanent teeth	49,143
Temporary teeth	23,383
Total	<u>72,526</u>

(9) Extractions—

Permanent teeth	..	..	..	..	..	9,338
Temporary teeth	..	..	..	..	..	47,990
Total	..	..	..	..	..	<u>57,328</u>

(10) Administration of general anæsthetics for extraction

24,287

(11) Other operations—

(a) Permanent teeth	37,402
(b) Temporary teeth	16,594

Total	<u>53,996*</u>
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*including 3,606 operations carried out by oral hygienists.